03/19/2007 14:57

Image# 27930317929

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORIWI 3X   | For Other Than An   | Authorized Comr  | nittee                |              | Office Use Only |
|---|---|--|-----------------------|--------------|-----------------|
| NAME OF COMMITTEE (in full)   | USE FEC MAILING LAI<br>OR TYPE OR PRINT   |  |                       |              |                 |
| American Hospital Associati   | on PAC  |  |                       |              |                 |
|   |   |  |                       |              |                 |
| ADDRESS (number and street)   | 325 Seventh Street, N   | IW   |                       |              |                 |
| Check if different than previously reported. (ACC)  | Washington  |  |                       | DC           | 20004           |
| 2. FEC IDENTIFICATION NUI   | MBER ▼  | CITY 🛋   | S                     | TATE         | ZIPCODE 🛕       |
| C00106146   |   | 3. IS THIS REPORT  | NEW (N) OR            | X AM         | ENDED           |
| 4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(0  July 15 Quarterly Report(0  October 15 Quarterly Report(0  X Quarterly Report(0  January 31 Quarterly Report(Non-electicy Year Only) (MY)  Termination Report(TER) | (c) 12-Day PRE-Electic Report for t  Q3)  (d) 30-Day Post -Electic Report for t | he: Conventing Conventing Conventing Conventing Conventing Convention Conventing Convent | ion (12C)             | Sep 2        | in the State of |
| 5. Covering Period 1  |   | tillou   |                       | 31           | 2006            |
| I certify that I have examined this  Type or Print Name of Treasurer  | Ma Mallada Hallad   | my knowledge and belief  | it is true, correct a | nd complete. |                 |
| Signature of Treasurer Electron  NOTE: Submission of false, error   | ,   | inda Hatton  mation may subject the  | Da                    |              | 1 9 2 0 0 7     |
| Office Use  |   |  |                       |              | FEC FORM 3X     |

### Image# 27930317930

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

| F   | eport Covering the Period: From:  | 28 2006                 | To: 12 31 2006                    |
|-----|---|-------------------------|-----------------------------------|
|     |   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
| 6.  | (a) Cash on Hand  January 1  Yelloo Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |                         | 941820.56                         |
|     | (b) Cash on Hand at Begining of Reporting Period  | 799166.04               |                                   |
|     | (c) Total Receipts (from Line 19)   | 272154.32               | 1675164.76                        |
|     | (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)  | 1071320.36              | 2616985.32                        |
| 7.  | Total Disbursements (from Line 31)  | 32532.78                | 1578197.74                        |
| 8.  | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                | 1038787.58              | 1038787.58                        |
| 9.  | Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |
| 10. | Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |                                   |

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

м м 1 1

From:

<sup>D</sup> 2 8

2006

. 12

<sup>D</sup> 3 1

<sup>Y</sup> 2006

|     | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|--|-------------------------------|-----------------------------------|
| 11. | Contributions (other than loans) From: (a) Individuals/Persons Other |                               |                                   |
|     | Than Political Committees (i) Itemized (use Schedule A)              | 168111.84                     | 725083.44                         |
|     | (ii) Unitemized  | 72562.23                      | 387847.58                         |
|     | (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)                          | 240674.07                     | 1112931.02                        |
|     | (b) Political Party Committees                                       | 0.00                          | 0.00                              |
|     | (c) Other Political Committees (such as PACs)                        | 0.00                          | 6666.00                           |
|     | 11(a)(iii),(b) and (c)) (Carry<br>Totals to Line 33, page 5)         | 240674.07                     | 1119597.02                        |
| 2.  | Transfers From Affiliated/Other Party Committees                     | 30907.29                      | 521045.29                         |
| 3.  | All Loans Received   | 0.00                          | 0.00                              |
|     | Loan Repayments Received Offsets To Operating Expenditures           | 0.00                          | 0.00                              |
| 6.  | (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)           | 0.00                          | 29000.00                          |
|     | to Federal candidates and Other Political Committees                 | 0.00                          | 1500.00                           |
| 7.  | Other Federal Receipts (Dividends, Interest, etc.)                   | 572.96                        | 4022.45                           |
| 8.  | Transfers from Non-Federal and Levin Funds                           |                               |                                   |
|     | (a) Non-Federal Account (from Schedule H3)                           | 0.00                          | 0.00                              |
|     | (b) Levin Funds (from Schedule H5)                                   | 0.00                          | 0.00                              |
|     | (c) Total Transfer (add 18(a) and 18(b)).                            | 0.00                          | 0.00                              |
| 9.  | Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))  | 272154.32                     | 1675164.76                        |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19)            | 272154.32                     | 1675164.76                        |

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

COLUMN A CO

| II. DI  | SBURSEMENTS                                      | COLUMN A<br>Total This Period | COLUMN B Calendar Year-to-Date |
|---|--|-------------------------------|--------------------------------|
|   | Expenditures:                                    |                               |                                |
|   | ed Federal/Non-Federal<br>ity (from Schedule H4) | 0.00                          | 0.00                           |
|   | Federal Share                                    | 0.00                          | 0.00                           |
|   |  | 0.00                          | 0.00                           |
| ` '   | Non-Federal Share                                | 0.00                          | 0.00                           |
|   | r Federal Operating nditures                     | 532.78                        | 50365.63                       |
|   | Operating Expenditures                           |                               |                                |
|   | 21(a)(i), (a)(ii) and (b))                       | 532.78                        | 50365.63                       |
|   | to Affiliated/Other Party                        |                               |                                |
|   | es   | 0.00                          | 0.00                           |
| <ol> <li>Contribution</li> <li>Federal C</li> </ol> | ons to andidates/Committees                      |                               |                                |
| and Other   | Political Committees                             | 32000.00                      | 1258897.82                     |
| •   | ent Expenditure                                  | 0.00                          | 267394.29                      |
| use Sche<br>5. Coordinate                           | dule E)ed Expenditures Made by Party             | 0.00                          | 207004.20                      |
| Committee   | es (2 U.S.C. 441a(d))                            | 0.00                          | 0.00                           |
| (use sone   | dule F)  |                               |                                |
| 6. Loan Repa  | ayments Made                                     | 0.00                          | 0.00                           |
|   |  |                               |                                |
|   | de   | 0.00                          | 0.00                           |
|   | f Contributions To:<br>duals/Persons Other       | 2.00                          | 4540.00                        |
|   | Political Committees                             | 0.00                          | 1540.00                        |
| (b) Doliti  | and Porty Committees                             | 0.00                          | 0.00                           |
|   | cal Party Committees r Political Committees      |                               |                                |
| ` '   | as PACs)   | 0.00                          | 0.00                           |
| (d) Total   | Contribution Refunds                             |                               |                                |
| (add  | Lines 28(a), (b), and (c))                       | 0.00                          | 1540.00                        |
| ). Other Disl                                       | oursements                                       | 0.00                          | 0.00                           |
|   |  |                               |                                |
|   | lection Activity (2 U.S.C 431(20))               |                               |                                |
| , ,   | ed Federal Election Activity Schedule H6)        |                               |                                |
| `   | deral Share                                      | 0.00                          | 0.00                           |
| (1) 1 0   | dorai onare                                      |                               |                                |
| (ii) "L   | evin" Share                                      | 0.00                          | 0.00                           |
| (b) Feder   | al Election Activity Paid Entirely               | 0.00                          | 0.00                           |
| With  | Federal Funds                                    | 0.00                          | 0.00                           |
| (c) Total   | Federal Election Activity (add                   | 0.00                          | 0.00                           |
| Line  | s 30(a)(i), 30(a)(ii) and 30(b))                 | 0.00                          | 0.00                           |
| Talal Dial  | (add Lines 04/a)                                 |                               |                                |
|   | oursements (add Lines 21(c), 22,                 | 32532.78                      | 1578197.74                     |
| 23, 24, 2   | 5, 26, 27, 28(d), 29 and 30(c))                  | 32332.70                      | 13/013/./4                     |
| . Total Fed   | leral Disbursements                              |                               |                                |
|   | Line 21(a)(ii) from Line 30(a)(ii)               |                               |                                |
|   | 31)  | 32532.78                      |                                |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 240674.07                  | 1119597.02                        |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                       | 1540.00                           |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 240674.07                  | 1118057.02                        |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 532.78                     | 50365.63                          |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00                       | 29000.00                          |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36)              | 532.78                     | 21365.63                          |

| S           | CHEDULE A (FEC Form 3X)  |                         |   | FOR LINE NUMBER: PAGE 6 / 228                                |  |  |  |
|-------------|--|-------------------------|---|--|--|--|--|
|             | ·  |                         | Use separate schedule(s)<br>or each category of the | (check only one)   |  |  |  |
| Ш           | EMIZED RECEIPTS  |                         | Detailed Summary Page                               | X 11a 11b 11c 12   |  |  |  |
|             |  |                         | Detailed Carrinally 1 age                           | 13 14 15 16 17   |  |  |  |
| An          | y information copied from such Reports and St                    | atements may            | not be sold or used by any perso                    | on for the purpose of soliciting contributions               |  |  |  |
| or          | for commercial purposes, other than using the                    | name and add            | dress of any political committee to                 | solicit contributions from such committee.                   |  |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)                                      |                         |   |  |  |  |  |
|             | American Hospital Association PAC                                |                         |   |  |  |  |  |
| Α.          | Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq. |                         |   | Date of Receipt  |  |  |  |
|             | Mailing Address 1101 N. Kentucky Street                          | et                      |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |  |  |  |
|             | City   | State                   | Zip Code  | Transaction ID: 13439247                                     |  |  |  |
|             | Arlington  | VA                      | 22205-3515  | Amount of Each Receipt this Period                           |  |  |  |
|             | •  | V/ C                    | 22200 0010  | Amount of Each recopt this rende                             |  |  |  |
|             | FEC ID number of contributing federal political committee.       | C                       |   | 250.00   |  |  |  |
|             | Name of Employer<br>American Hospital Associa-                   | Occupation              | า   |  |  |  |  |
|             | tion-Washingt  | Director,               | State Issues Forum                                  |  |  |  |  |
|             | Receipt For:   | Aggregate               | e Year-to-Date ▼                                    |  |  |  |  |
|             | Primary General  |                         | 250.00  | 1  |  |  |  |
|             | Other (specify)  | 0 0                     | 250.00  |  |  |  |  |
| В.          | Full Name (Last, First, Middle Initial) Mr. Gordon Lewis         |                         |   | Date of Receipt  |  |  |  |
|             | Mailing Address 2000 Campbell Drive                              |                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |  |  |  |
|             | City   | State                   | Zip Code  |  |  |  |  |
|             | Torrington   | WY                      | 82240-1528  | Transaction ID: 13439253  Amount of Each Receipt this Period |  |  |  |
|             |  | VVI                     | 02240-1320  | Amount of Each Receipt this Period                           |  |  |  |
|             | FEC ID number of contributing federal political committee.       | C                       |   | 250.00   |  |  |  |
|             | Name of Employer   | Occupation              | 1   |  |  |  |  |
|             | Community Hośpital   | Chief Exe               | ecutive Officer                                     |  |  |  |  |
|             | Receipt For:   | Aggregate               | Year-to-Date ▼                                      |  |  |  |  |
|             | Primary General  |                         | 050.00  | 1  |  |  |  |
|             | Other (specify) ▼  |                         | 250.00  |  |  |  |  |
| <u> </u>    | Full Name (Last, First, Middle Initial) Mr. Mark R Stoddard      |                         |   | Date of Receipt  |  |  |  |
|             | Mailing Address 48 West 1500 North                               |                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |  |  |  |
|             | City   | State                   | Zip Code  | Transaction ID: 13439262                                     |  |  |  |
|             | Nephi  | UT                      | 84648-8900  | Amount of Each Receipt this Period                           |  |  |  |
|             | FEC ID number of contributing                                    |                         |   | 500.00   |  |  |  |
|             | federal political committee.                                     | C                       |   | 500.00   |  |  |  |
|             | Name of Employer<br>Central Valley Medical Ce-                   | Occupation<br>President |   |  |  |  |  |
|             | nter Receipt For:  |                         | Year-to-Date ▼                                      |  |  |  |  |
|             | Primary General  | Aggregate               | Tour to Date ¥                                      | 1  |  |  |  |
|             | Other (specify)  |                         | 500.00  |  |  |  |  |
|             |  | 0 0                     |   | 4  |  |  |  |
|             |  |                         |   |  |  |  |  |
| 6           | UBTOTAL of Receipts This Page (optional)                         |                         |   | 1000.00  |  |  |  |
| $\vdash$    | 22. 2.7.2 o. 1.000.pto 1110 i ago (optional)                     |                         |   | -  |  |  |  |

| S               | CHEDULE A (FEC Form 3X)  |                         |  | FOR LINE NUMBER: PAGE 7 / 228                  |
|-----------------|--|-------------------------|--|--|
|                 |  |                         | Use separate schedule(s)                         | (check only one)                               |
| IT              | EMIZED RECEIPTS  |                         | or each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                               |
|                 |  |                         | Detailed Guillinary Fage                         | 13 14 15 16 17                                 |
| An              | y information copied from such Reports and Sta                   | tements may             | not be sold or used by any perso                 | on for the purpose of soliciting contributions |
| or i            | for commercial purposes, other than using the n                  | ame and add             | dress of any political committee to              | solicit contributions from such committee.     |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)                                      |                         |  |  |
| $\rangle$       | American Hospital Association PAC                                |                         |  |  |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Mr. Robert J. Donovan |                         |  | Date of Receipt                                |
|                 | Mailing Address One North Franklin Stre                          | et                      |  | 1 1 2 9 2 0 0 6                                |
|                 | City   | State                   | Zip Code   | Transaction ID: 13439277                       |
|                 | Chicago  | IL                      | 60606  | Amount of Each Receipt this Period             |
|                 | FEC ID number of contributing federal political committee.       | C                       |  | 250.00   |
|                 | Name of Employer<br>American Hospital Associa-<br>tion-Chicago   | Occupation<br>Vice Pres | n<br>sident, Meetings & Travel Se                | rv   |
|                 | Receipt For:   | 1                       | Year-to-Date ▼                                   |  |
|                 | Primary General  |                         |  | 1  |
|                 | Other (specify) ▼  | 0 0                     | 250.00   |  |
|                 | Full Name (Last, First, Middle Initial)<br>Mr. Jim L Mayo        |                         |  | Date of Receipt                                |
|                 | Mailing Address 1250 South 18th Street                           | 11 29 7 2006            |  |  |
|                 | City   | State                   | Zip Code   | Transaction ID: 13440802                       |
|                 | Fernandina Beach   | FL                      | 32034-3098                                       | Amount of Each Receipt this Period             |
|                 | FEC ID number of contributing federal political committee.       | C                       |  | 250.00   |
|                 | Name of Employer<br>Baptist Medical Center Na-<br>ssau           | Occupation<br>Administr |  |  |
|                 | Receipt For:   | Aggregate               | e Year-to-Date ▼                                 |  |
|                 | Primary General Other (specify) ▼                                |                         | 250.00   |  |
| <u> </u>        | Full Name (Last, First, Middle Initial) Mr. Steven B. Poage      |                         |  | Date of Receipt                                |
|                 | Mailing Address 3401 SW Alameda                                  |                         |  | 1 1 2 8 2 0 0 6                                |
|                 | City   | State                   | Zip Code   | Transaction ID: 13442640                       |
|                 | Topeka   | KS                      | 66614-5109                                       | Amount of Each Receipt this Period             |
|                 | FEC ID number of contributing federal political committee.       | C                       |  | 250.00   |
|                 | Name of Employer<br>Kansas Hospital Associati-<br>on             | Occupation<br>Vice Pres | n<br>sident/CFO                                  |  |
|                 | Receipt For:   |                         | Year-to-Date ▼                                   |  |
|                 | Primary General  |                         |  | 1  |
|                 | Other (specify) ▼  | 0 0                     | 250.00   |  |
| sı              | JBTOTAL of Receipts This Page (optional)                         |                         |  | 750.00   |
| т               | OTAL This Period (last page this line number or                  | ılv)                    |  |  |

| SCHEDULE A (FEC Form 3X) |   |                         | FOR LINE NUMBI                                   | ER: PAGE 8 / 228        |                          |
|--------------------------|---|-------------------------|--|-------------------------|--------------------------|
|                          |   |                         | Use separate schedule(s)                         | (check only one)        |                          |
| IT                       | EMIZED RECEIPTS   |                         | or each category of the<br>Detailed Summary Page | X 11a 11b               | 11c   12                 |
|                          |   |                         | Detailed Guillinary Fage                         | 13 14                   | 15 16 17                 |
| Ar                       | y information copied from such Reports and Stat                   | tements may             | not be sold or used by any perso                 | on for the purpose of s | soliciting contributions |
| or                       | for commercial purposes, other than using the na                  | ame and add             | dress of any political committee to              | solicit contributions f | rom such committee.      |
| \                        | NAME OF COMMITTEE (In Full)                                       |                         |  |                         |                          |
| $\rangle$                | American Hospital Association PAC                                 |                         |  |                         |                          |
| ۹.                       | Full Name (Last, First, Middle Initial)<br>Mr. Gerald J Marquette |                         |  | Date of Receipt         | 1                        |
|                          | Mailing Address 1400 West Fourth                                  |                         |  |                         | 28 2006                  |
|                          | City  | State                   | Zip Code   | Transaction ID          | : 13442642               |
|                          | Coffeyville   | KS                      | 67337-3306                                       | Amount of Eacl          | h Receipt this Period    |
|                          | FEC ID number of contributing federal political committee.        | C                       |  |                         | 250.00                   |
|                          | Name of Employer<br>Coffeyville Regional Medi-<br>cal Center      | ecutive Officer         |  |                         |                          |
|                          | Receipt For:  | Aggregate               | Year-to-Date ▼                                   |                         |                          |
|                          | Primary General   |                         | 050.00   | 1                       |                          |
|                          | Other (specify)   | 0 0                     | 250.00   |                         |                          |
| 3.                       | Full Name (Last, First, Middle Initial)<br>Ms. Nancy Allen        |                         |  | Date of Receipt         | <u> </u>                 |
|                          | Mailing Address P.O. Box 129                                      |                         | 28 2006  |                         |                          |
|                          | City State Zip Code   |                         |  | Transaction ID          | : 13442644               |
|                          | Lawton  | 73502-0129              | Amount of Eacl                                   | h Receipt this Period   |                          |
|                          | FEC ID number of contributing federal political committee.        | C                       |  |                         | 350.00                   |
|                          | Name of Employer  | Occupation              | 1  |                         |                          |
|                          | Comanche County Memorial Hospital                                 | Manager,                | Medical Account Services                         |                         |                          |
|                          | Receipt For:  | Aggregate               | Year-to-Date ▼                                   |                         |                          |
|                          | Primary General   |                         | 350.00   | 1                       |                          |
|                          | Other (specify) ▼   | 0 0                     |  |                         |                          |
| Э.                       | Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer        |                         |  | Date of Receipt         | t                        |
|                          | Mailing Address 325 Maine Street                                  |                         |  | 1.1                     | 28 2006                  |
|                          | City  | State                   | Zip Code   | Transaction ID          |                          |
|                          | Lawrence  | KS                      | 66044-1360                                       | Amount of Eacl          | h Receipt this Period    |
|                          | FEC ID number of contributing federal political committee.        | C                       |  |                         | 375.00                   |
|                          | Name of Employer<br>Lawrence Memorial Hospital                    | Occupation<br>President | n and Chief Executive Officer                    |                         |                          |
|                          | Receipt For:  | Aggregate               | Year-to-Date ▼                                   |                         |                          |
|                          | Primary General   | 1 1                     | 625.00   | 1                       |                          |
|                          | Other (specify) ▼   |                         | 025.00   |                         |                          |
| s                        | UBTOTAL of Receipts This Page (optional)                          |                         |  |                         | 975.00                   |
|                          |   |                         |  |                         |                          |
| T                        | OTAL This Period (last page this line number on                   | ıly)                    |  |                         |                          |

| S          | CHEDULE A (FEC Form 3X)   |                      | Use separate schedule(s)  | FOR LINE NUMBER:                      | PAGE 9 / 228    |
|------------|---|----------------------|---|---------------------------------------|-----------------|
|            | EMIZED RECEIPTS   |                      | or each category of the   | (check only one)                      | . —             |
| •••        | LIMIZED REGEN 13  |                      | Detailed Summary Page   | X 11a 11b                             | 11c   12        |
| Δ.         | we information against from a poly Departs and Ct   | atamanta mai         | , not be cold or used by any pares  | 13 14 14 n for the purpose of colicit | 15 16 17        |
| or         | y information copied from such Reports and Sta<br>for commercial purposes, other than using the i | name and add         | frot be sold of used by any persol<br>dress of any political committee to | solicit contributions from s          | such committee. |
|            | NAME OF COMMITTEE (In Full)   |                      |   |                                       |                 |
| $ \rangle$ | American Hospital Association PAC   |                      |   |                                       |                 |
| $\angle$   | '   |                      |   |                                       |                 |
|            | Full Name (Last, First, Middle Initial)   | 5. (5. ).            |   |                                       |                 |
| Α.         | Mr. John C. Peterson  | Date of Receipt      |   |                                       |                 |
|            | Mailing Address 2841 SW Plass Avenue  | )                    |   | 1 1 2 8                               | 2006            |
|            | City  | State                | Zip Code  | Transaction ID: 13                    |                 |
|            | Topeka  | KS                   | 66611-1629  | Amount of Each Red                    |                 |
|            | FEC ID number of contributing   |                      |   | Timbulit of Eddit flo                 | · · · · · ·     |
|            | federal political committee.  | C                    |   |                                       | 250.00          |
|            | Name of England   | 10                   |   |                                       |                 |
|            | Name of Employer<br>Capitol Strategies, LLC/K-  | Occupation Consultat |   |                                       |                 |
|            | ansas Hospita<br>Receipt For:   |                      | Year-to-Date ▼  |                                       |                 |
|            | Primary General   | riggrogato           | Teal to Bate V  |                                       |                 |
|            | Other (specify) ▼   |                      | 250.00  |                                       |                 |
|            |   |                      |   |                                       |                 |
|            | Full Name (Last, First, Middle Initial)   |                      |   |                                       |                 |
| В.         |   |                      |   | Date of Receipt                       |                 |
|            | Mailing Address P O Box 1289  |                      |   | 1 1 2 8                               | 2006            |
|            | City  | State                | Zip Code  | Transaction ID: 13                    |                 |
|            | Manhattan   | KS                   | 66505-1289  | Amount of Each Red                    |                 |
|            |   |                      | 00000 1200  | Amount of Laciffie                    | · · · · · · ·   |
|            | FEC ID number of contributing federal political committee.  | C                    |   |                                       | 250.00          |
|            |   | 1-                   |   |                                       |                 |
|            | Name of Employer<br>Mercy Regional Health Cen-  | Occupation           | n<br>: and Chief Executive Officer  |                                       |                 |
|            | ter Receipt For:  | 1                    | Year-to-Date   Year-to-Date   | _                                     |                 |
|            | Primary General   | Aggregate            | Teal-to-Date ▼  |                                       |                 |
|            | Other (specify) ▼   |                      | 250.00  |                                       |                 |
|            |   |                      |   |                                       |                 |
| _          | Full Name (Last, First, Middle Initial)   |                      |   |                                       |                 |
| C.         | Mr. Steven D Wilkinson  |                      |   | Date of Receipt                       |                 |
|            | Mailing Address 5721 West 119th Street  | İ                    |   | 1 1 2 8                               | 2006            |
|            | City  | State                | Zip Code  | Transaction ID: 13                    |                 |
|            | Overland Park   | KS                   | 66209-3722  | Amount of Each Red                    |                 |
|            | FEC ID number of contributing   |                      |   |                                       | <del> </del>    |
|            | federal political committee.  | C                    |   |                                       | 250.00          |
|            | Name of Employer_   | Occupation           | <u> </u>  | _                                     |                 |
|            | Menorah Medical Center  |                      | and Chief Executive Officer   |                                       |                 |
|            | Receipt For:  |                      | Year-to-Date ▼  |                                       |                 |
|            | Primary General   | 00 0                 |   |                                       |                 |
|            | Other (specify) ▼   |                      | 250.00  |                                       |                 |
|            |   |                      |   |                                       |                 |
|            |   |                      |   |                                       | 750.00          |
| s          | UBTOTAL of Receipts This Page (optional)  |                      | ·····   |                                       | 750.00          |
|            |   |                      |   |                                       |                 |
| T          | OTAL This Period (last page this line number of   |                      |   |                                       |                 |

| S           | CHEDULE A (FEC Form 3X)  |                              | Llaa aanavata aabadula(a)                               |                                   | NUMBER:                  | PAGE 10 / 228      |    |
|-------------|--|------------------------------|---|-----------------------------------|--------------------------|--------------------|----|
| ıт          | EMIZED RECEIPTS  |                              | ch category of the                                      | (check on                         | <u> </u>                 | - —                |    |
| •••         | LIVIIZED RECEIP 13   | Detai                        | led Summary Page  | X 11a                             | $\vdash$                 | 11c   12           |    |
| _           |  |                              |   | 13                                | 14                       |                    | 17 |
| Ar          | ny information copied from such Reports and Statements<br>for commercial purposes, other than using the name and | nay not be s<br>address of a | sold or used by any perso<br>any political committee to | on for the pur<br>solicit contril | pose of solicitions from | such committee.    |    |
|             | NAME OF COMMITTEE (In Full)  |                              | 71  |                                   |                          |                    | _  |
| $  \rangle$ | American Hospital Association PAC  |                              |   |                                   |                          |                    |    |
|             | Amonoan Hoopital Accordation 1710  |                              |   |                                   |                          |                    |    |
| _           | Full Name (Last, First, Middle Initial)  |                              |   |                                   |                          |                    |    |
| A.          | Ms. Irene M Cumming  |                              |   | Date o                            | f Receipt                |                    |    |
|             | Mailing Address 3901 Rainbow Boulevard   |                              |   | 1 1                               | 28                       | 2006               |    |
|             | City State   | Zin                          | Code  |                                   |                          |                    |    |
|             | Kansas City KS   | •                            | 60-0001   |                                   | et of Foob Ro            | eceipt this Period |    |
|             |  | 001                          | 100-0001  | Amour                             | IL OF EACH NE            | ceipi iriis Period | -  |
|             | FEC ID number of contributing federal political committee.   |                              |   |                                   |                          | 500.00             |    |
|             | Name of Employer University of Kansas Hosp-  | tion                         |   |                                   |                          |                    |    |
|             | University of Kansas Hosp-<br>ital Chief   | Executive                    | Officer   |                                   |                          |                    |    |
|             | Receipt For: Aggre   | ate Year-to-                 | -Date ▼   |                                   |                          |                    |    |
|             | Primary General  | 1 1 1                        | 500.00  | 1                                 |                          |                    |    |
|             | Other (specify) ▼  |                              | 300.00  |                                   |                          |                    |    |
| —<br>В      | Full Name (Last, First, Middle Initial) Mr. Kevin P Conlin   |                              |   | Date o                            | f Receipt                |                    |    |
| ٥.          | Mailing Address 3720 East Bayley   |                              |   | M                                 |                          | / <b>Y Y Y Y</b>   |    |
|             | Thamily realises 6720 East Bayley  |                              |   | 1 1                               | 28                       |                    |    |
|             | City State   | Zip                          | Code  | Transa                            | ction ID: 13             | 3442706            |    |
|             | Wichita KS   | KS 67218-3002                |   |                                   |                          | eceipt this Period |    |
|             | FEC ID number of contributing  |                              |   |                                   |                          | 500.00             | ٦  |
|             | federal political committee.   |                              |   |                                   |                          | 500.00             |    |
|             | Name of Employer Occup   | ntion                        |   | _                                 |                          |                    |    |
|             | Via Chrieti Haalth System  |                              | hief Executive Office                                   | r                                 |                          |                    |    |
|             |  | ate Year-to-                 |   |                                   |                          |                    |    |
|             | Primary General  |                              |   | 1                                 |                          |                    |    |
|             | Other (specify) ▼  |                              | 500.00  |                                   |                          |                    |    |
|             |  |                              |   |                                   |                          |                    |    |
| _           | Full Name (Last, First, Middle Initial)  |                              |   | Data a                            | f Danaint                |                    |    |
| C.          | Mr. Vince Ford  Mailing Address 9 Marrob Court   |                              |   |                                   | f Receipt                |                    |    |
|             | Mailing Address 9 Marrob Court   |                              |   | 1 2                               | 04                       |                    |    |
|             | City State   | Zip                          | Code  | Transa                            | ction ID: 13             | 3489385            |    |
|             | <u>Columbia</u> SC   | 292                          | 203-9103  | Amour                             | nt of Each Re            | eceipt this Period |    |
|             | FEC ID number of contributing federal political committee  |                              |   |                                   |                          | 250.00             | 7  |
|             | federal political committee.   |                              |   |                                   |                          | 200.00             | _  |
|             | Name of Employer Occup Palmetto Health Alliance  | tion                         |   |                                   |                          |                    |    |
|             | Palmetto Health Alliance Sr. Vi  | e Preside                    | nt, Community Servi                                     | ces                               |                          |                    |    |
|             | Receipt For: Aggre   | ate Year-to-                 | -Date ▼   |                                   |                          |                    |    |
|             | Primary General  |                              | 250.00  | 1                                 |                          |                    |    |
|             | Other (specify) ▼  |                              | 230.00  | ]                                 |                          |                    |    |
|             |  |                              |   |                                   |                          | • • • • •          | _  |
| s           | UBTOTAL of Receipts This Page (optional)   |                              |   | . L.                              |                          | 1250.00            |    |
| $\vdash$    |  |                              |   | -                                 |                          |                    | ٦  |
| т           | OTAL This Period (last page this line number only)   |                              |   |                                   | _                        |                    |    |

| SCHEDULE A (FEC Form 3X) |   |                            |   | FOR LINE NUMBER: PAGE 11 / 228  |
|--------------------------|---|----------------------------|---|---|
|                          |   |                            | Use separate schedule(s) or each category of the                    | (check only one)  |
| П                        | EMIZED RECEIPTS   |                            | Detailed Summary Page   | X 11a 11b 11c 12  |
|                          |   |                            | , 0   | 13 14 15 16 17  |
| An<br>or                 | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$            | NAME OF COMMITTEE (In Full)   |                            |   |   |
| $\rangle$                | American Hospital Association PAC   |                            |   |   |
| ۹.                       | Full Name (Last, First, Middle Initial)<br>Mr. Robert Z. Vovak                                    |                            |   | Date of Receipt   |
|                          | Mailing Address 9326 Perglen Road   |                            |   | 12 04 2006  |
|                          | City  | State                      | Zip Code  | Transaction ID: 13489407  |
|                          | Baltimore   | MD                         | 21236-1628  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.  | C                          |   | 600.00  |
|                          | Name of Employer<br>Maryland Hospital Associa-<br>tion  | Occupation<br>Sr. Vice I   | n<br>President & CFO  |   |
|                          | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |   |
|                          | Primary General Other (specify) ▼   |                            | 600.00  |   |
| <br>3.                   | Full Name (Last, First, Middle Initial) Mr. Paul A. Sokolowski                                    | Date of Receipt            |   |   |
|                          | Mailing Address 12891 Eagles View Roa   | 12 04 2006                 |   |   |
|                          | City State Zip Code   |                            |   | Transaction ID: 13489408  |
|                          | Phoenix   | MD                         | 21131-2312  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.  | C                          |   | 600.00  |
|                          | Name of Employer<br>Maryland Hospital Associa-<br>tion  | Occupation Sr. Vice I      | n<br>President, Finance   |   |
|                          | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |   |
|                          | Primary General Other (specify) ▼   |                            | 600.00  |   |
| <br>C.                   | Full Name (Last, First, Middle Initial) Mrs. Jennie R Rhinehart                                   |                            |   | Date of Receipt   |
|                          | Mailing Address 805 Friendship Road   |                            |   | 12 01 2006  |
|                          | City  | State                      | Zip Code  | Transaction ID: 13491281  |
|                          | Tallassee   | AL                         | 36078-1234  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.  | C                          |   | 501.00  |
|                          | Name of Employer<br>Community Hospital  | Occupation<br>Administr    | n<br>rator and Chief Executive Of                                   | fi  |
|                          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                  | e Year-to-Date ▼ 501.00   |   |
| s                        | UBTOTAL of Receipts This Page (optional)  |                            |   | 1701.00   |
| _                        |   |                            |   |   |
| T                        | OTAL This Period (last page this line number or   | nly)                       |   |   |

| SCHEDULE A (FEC Form 3X)                                      |   |  | FOR LINE NUMBER: PAGE 12 / 228                 |          |
|---|---|--|--|----------|
|   |   | Use separate schedule(s)                         | (check only one)                               |          |
| ITEMIZED RECEIPTS   |   | or each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                               |          |
|   |   | Detailed Guillinary Fage                         | 13 14 15 16 1                                  | 7        |
| Any information copied from such Reports and Sta              | atements may  | y not be sold or used by any perso               | on for the purpose of soliciting contributions |          |
| or for commercial purposes, other than using the r            | name and add  | dress of any political committee to              | solicit contributions from such committee.     |          |
| NAME OF COMMITTEE (In Full)                                   |   |  |  |          |
| American Hospital Association PAC                             |   |  |  |          |
| Full Name (Last, First, Middle Initial)                       |   |  |  | _        |
| Mr Kenny Craik  |   |  | Date of Receipt                                |          |
| Mailing Address 3091 Carter Hill Road                         |   |  | 1 2 0 1 2 0 0 6                                |          |
| City  | Ctata   | Zin Codo   |  |          |
| City  | State<br><b>AL</b>  | Zip Code   | Transaction ID: 13491282                       |          |
| Montgomery  | AL  | 36111-1801                                       | Amount of Each Receipt this Period             | -        |
| FEC ID number of contributing federal political committee.    | C   |  | 250.00   |          |
| Name of Employer<br>Gilliard Health Services                  | Name of Employer Occupation                               |  |  |          |
|   |   | ancial Officer                                   |  |          |
| Receipt For:  | Aggregate   | e Year-to-Date ▼                                 |  |          |
| Primary General   |   | 250.00   |  |          |
| Other (specify) ▼   | 0 0   |  |  |          |
| Full Name (Last, First, Middle Initial)                       | Full Name (Last, First, Middle Initial) Mr. Dennis A Popp |  |  |          |
| Mailing Address P O Box 218                                   |   |  | Date of Receipt                                |          |
| Walling Address F O Box 216                                   | 12 04 2006  |  |  |          |
| City  | City State Zip Code                                       |  |  |          |
| Enumclaw  | Enumclaw WA 98022-0218                                    |  |  |          |
| FEC ID number of contributing                                 |   |  | 250.00   | 1        |
| federal political committee.                                  | C   |  | 250.00   |          |
| Name of Employer  | Occupation  | n  | $\dashv$                                       |          |
| Enumclaw Community Hospit-                                    |   | rator and Chief Executive Of                     | fi   |          |
| al<br>Receipt For:  | 1   | e Year-to-Date ▼                                 | <u></u>  |          |
| Primary General   | 00 0  |  | 1  |          |
| Other (specify) ▼   |   | 250.00   |  |          |
|   |   |  |  |          |
| Full Name (Last, First, Middle Initial)  C. Mr. David E Jaffe |   |  | Date of Receipt                                |          |
| Mailing Address 325 Ninth Avenue, Box                         | 359717  |  | M M / D D / Y Y Y Y                            |          |
|   |   |  | 12 04 2006                                     |          |
| City  | State   | Zip Code   | Transaction ID: 13502760                       |          |
| <u>Seattle</u>  | WA  | 98104-2499                                       | Amount of Each Receipt this Period             |          |
| FEC ID number of contributing                                 | С   |  | 250.00   | 1        |
| federal political committee.                                  |   |  | 200.00   | J        |
| Name of Employer<br>Harborview Medical Center                 | Occupation  |  | 7  |          |
|   | Executive   | e Director                                       |  |          |
| Receipt For:  | Aggregate   | e Year-to-Date ▼                                 |  |          |
| Primary General   |   | 250.00   |  |          |
| Other (specify) ▼   |   | 200.00   | 1  |          |
| I   |   |  | 750.00   | <u>-</u> |
| SUBTOTAL of Receipts This Page (optional)                     |   | ·····  | 750.00   | ]        |
| TOTAL This Period (last page this line number o               | nly)  | <b>)</b>   |  |          |

| SCHEDULE A (FEC Form 3X)                |  | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 13 / 228  |   |
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| ıт                                      | EMIZED RECEIPTS  |                            | or each category of the   | (check only one)  |
| • | EMIZED RECEIPTS  |                            | Detailed Summary Page   | X 11a 11b 11c 12  |
|   |  |                            | ,   | 13 14 15 16 17  |
| Ar<br>or                                | ny information copied from such Reports and Stat<br>for commercial purposes, other than using the na | tements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| abla                                    | NAME OF COMMITTEE (In Full)  |                            |   |   |
| $\rangle$                               | American Hospital Association PAC  |                            |   |   |
| Α.                                      |  |                            |   | Date of Receipt   |
|   | Mailing Address 2520 Cherry Avenue   |                            |   | 12 04 2006  |
|   | City   | State                      | Zip Code  | Transaction ID: 13502761  |
|   | Bremerton  | WA                         | 98310-4229  | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.   | C                          |   | 250.00  |
|   | Name of Employer<br>Harrison Medical Center  | Occupation                 | n   |   |
|   | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|   | Primary ☐ General Other (specify) ▼  |                            | 250.00  |   |
| В.                                      | Full Name (Last, First, Middle Initial)<br>Mr. James Leonard   |                            |   | Date of Receipt   |
|   | Mailing Address 413 Lilly Road NE  |                            |   | 12 04 2006  |
|   | City   | State                      | Zip Code  | Transaction ID: 13502762  |
|   | Olympia  | WA                         | 98506-5166  | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.   | C                          |   | 250.00  |
|   | Name of Employer<br>Providence St. Peter Hosp-<br>ital   | Occupation Administ        |   |   |
|   | Receipt For:   |                            | e Year-to-Date ▼  |   |
|   | Primary General  | 7.99.094.0                 |   | 1   |
|   | Other (specify) ▼  | 0 0                        | 250.00  |   |
| <u> </u>                                | Full Name (Last, First, Middle Initial) Mr. Gregg A Davidson   |                            |   | Date of Receipt   |
|   | Mailing Address P O Box 1376   |                            |   | 12 04 2006  |
|   | City   | State                      | Zip Code  | Transaction ID: 13502775  |
|   | Mount Vernon   | WA                         | 98273-1376  | Amount of Each Receipt this Period  |
|   | FEC ID number of contributing federal political committee.   | C                          |   | 250.00  |
|   | Name of Employer<br>Skagit Valley Hospital   | Occupation Chief Exe       | n<br>ecutive Officer  |   |
|   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>250.00  |   |
| s                                       | UBTOTAL of Receipts This Page (optional)   |                            |   | 750.00  |
| -                                       |  |                            |   | _   |

| 21            | CHEDULE A (FEC Form 3X)  |             |                                     | FOR LINE NUMBER:           | PAGE 14 / 228       |
|---------------|--|-------------|-------------------------------------|----------------------------|---------------------|
|               | 355 5564.4.5 5511544.5(5)                                      |             |                                     | (check only one)           | , 223               |
| IT            | EMIZED RECEIPTS  |             | or each category of the             | X 11a 11b                  | 11c                 |
|               |  |             | Detailed Summary Page               | 13 114 1                   | 15 16 17            |
| Δn            | y information copied from such Reports and Stat                | ements may  | not be sold or used by any perso    |                            |                     |
| or            | for commercial purposes, other than using the na               | ame and add | dress of any political committee to | solicit contributions from | such committee.     |
| $\overline{}$ | NAME OF COMMITTEE (In Full)                                    |             |                                     |                            |                     |
| \             | American Hospital Association PAC                              |             |                                     |                            |                     |
| /             | 7 inchedit i loopital 7 loopital 17 lo                         |             |                                     |                            |                     |
|               | Full Name (Last, First, Middle Initial)                        |             |                                     |                            |                     |
| ٩.            | Mr. Jon D Smiley   |             |                                     | Date of Receipt            |                     |
|               | Mailing Address P O Box 719                                    |             |                                     | M M / D D                  |                     |
|               |  |             |                                     | 12 04                      | 2006                |
|               | City   | State       | Zip Code                            | Transaction ID: 13         | 3502776             |
|               | Sunnyside  | WA          | 98944-0719                          | Amount of Each Re          | eceipt this Period  |
|               | FEC ID number of contributing                                  |             |                                     |                            | 050.00              |
|               | federal political committee.                                   | C           |                                     |                            | 250.00              |
|               |  |             |                                     |                            |                     |
|               | Name of Employer<br>Sunnyside Community Hospi-                 | Occupation  |                                     |                            |                     |
|               | tal  |             | ecutive Officer                     |                            |                     |
|               | Receipt For:   | Aggregate   | e Year-to-Date ▼                    |                            |                     |
|               | Primary General  |             | 250.00                              | 11                         |                     |
|               | Other (specify) ▼  |             | 200.00                              |                            |                     |
|               |  |             |                                     |                            |                     |
| 2             | Full Name (Last, First, Middle Initial)<br>Mr. J. Michael Rona |             |                                     | Date of Receipt            |                     |
| ٠.            | Mailing Address 9004 North Mercer Way                          |             |                                     | <del>-</del>               | / Y Y Y Y           |
|               | Walling Address 9004 NOTH Mercel Way                           |             |                                     | 12 04                      | 2006                |
|               | City   | State       | Zip Code                            | Transaction ID: 13         | 3502777             |
|               | Mercer Island  | WA          | 98040-3141                          | Amount of Each Re          |                     |
|               |  | 117.        | 00010 0111                          | Amount of Each fie         |                     |
|               | FEC ID number of contributing federal political committee.     | C           |                                     |                            | 250.00              |
|               |  |             |                                     |                            |                     |
|               | Name of Employer<br>Virginia Mason Medical Ce-                 | Occupation  | า                                   |                            |                     |
|               | nter .   | President   | t                                   |                            |                     |
|               | Receipt For:   | Aggregate   | e Year-to-Date ▼                    |                            |                     |
|               | Primary General  |             | 250.00                              | 1                          |                     |
|               | Other (specify)  |             | 250.00                              |                            |                     |
|               |  |             |                                     |                            |                     |
| _             | Full Name (Last, First, Middle Initial)                        |             |                                     | Data of Passint            |                     |
| ٠.            | Mr. Len McComb  Mailing Address 300 Flliott Avenue West        |             |                                     | Date of Receipt            | , , , , , , ,       |
|               | Mailing Address 300 Elliott Avenue West Suite 300              |             |                                     | 12 04                      | 2006                |
|               | City   | State       | Zip Code                            | Transaction ID: 13         |                     |
|               | Seattle  | WA          | 98119-4198                          | Amount of Each Re          |                     |
|               |  | VV/         | 30110 4130                          | Amount of Laciffie         | ceipt tills i ellou |
|               | FEC ID number of contributing federal political committee.     | C           |                                     |                            | 250.00              |
|               |  |             |                                     |                            |                     |
|               | Name of Employer<br>Washington State Hospital                  | Occupation  | 1                                   |                            |                     |
|               | Association  | Lobbyist    |                                     |                            |                     |
|               | Receipt For:   | Aggregate   | Year-to-Date ▼                      |                            |                     |
|               | Primary General  |             | 050.00                              | 1                          |                     |
|               | Other (specify)  |             | 250.00                              |                            |                     |
|               |  |             |                                     |                            |                     |
|               |  |             |                                     |                            | 750.00              |
| S             | UBTOTAL of Receipts This Page (optional)                       |             |                                     |                            | 750.00              |
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| T             | OTAL This Period (last page this line number on                | ly)         | <b>&gt;</b>                         |                            |                     |

| 21        | CHEDULE A (FEC Form 3X)   |             |  | FOR LINE NUMBER:              | PAGE 15 / 228      |
|-----------|---|-------------|--|-------------------------------|--------------------|
|           |   |             | Use separate schedule(s)                         | (check only one)              |                    |
| IT        | EMIZED RECEIPTS   |             | or each category of the<br>Detailed Summary Page | X 11a 11b                     | 11c  12            |
|           |   |             | Detailed Guillinary Fage                         | 13 14                         | 15 16 17           |
| An        | y information copied from such Reports and Sta                  | tements may | not be sold or used by any perso                 | on for the purpose of solicit | ting contributions |
| or 1      | for commercial purposes, other than using the n                 | ame and add | dress of any political committee to              | solicit contributions from s  | such committee.    |
| \         | NAME OF COMMITTEE (In Full)                                     |             |  |                               |                    |
| $\rangle$ | American Hospital Association PAC                               |             |  |                               |                    |
|           | Full Name (Last, First, Middle Initial) Mr. Joseph W. Wilczek   |             |  | Date of Receipt               |                    |
| ٦.        | Mailing Address 1175 SW 296th Street                            |             |  | M M / D D                     | / <b>Y Y Y Y</b>   |
|           | TITO OV 230th Offeet  |             |  | 12 04                         | 2006               |
|           | City  | State       | Zip Code   | Transaction ID: 13            | 502780             |
|           | Federal Way   | WA          | 98023-8251                                       | Amount of Each Re             | ceipt this Period  |
|           | FEC ID number of contributing federal political committee.      | C           |  |                               | 500.00             |
|           | Name of Employer Franciscan Health System                       | Occupation  |  | 1                             |                    |
|           |   | President   |  |                               |                    |
|           | Receipt For:  Primary  General                                  | Aggregate   | e Year-to-Date ▼                                 |                               |                    |
|           | Primary General Other (specify) ▼                               |             | 500.00   |                               |                    |
|           | Other (Speeliy)   | -           | 0 0 0 0 0 0 0                                    |                               |                    |
| 3.        | Full Name (Last, First, Middle Initial) Mr. John Fletcher       |             |  | Date of Receipt               |                    |
|           | Mailing Address 506 Second Avenue                               |             |  | M M / D D                     | / Y Y Y Y Y        |
|           | Suite 1200  |             |  | 12 04                         | 2006               |
|           | City  | State       | Zip Code   | Transaction ID: 13            |                    |
|           | Seattle   | WA          | 98104-2343                                       | Amount of Each Re             | ceipt this Period  |
|           | FEC ID number of contributing federal political committee.      | C           |  |                               | 500.00             |
|           | Name of Employer  | Occupation  | n  |                               |                    |
|           | Providence Heálth System  |             | ecutive Officer                                  |                               |                    |
|           | Receipt For:  | Aggregate   | e Year-to-Date ▼                                 |                               |                    |
|           | Primary General   |             | 500.00   | 1                             |                    |
|           | Other (specify)   | 0 0         |  | 1                             |                    |
|           | Full Name (Last, First, Middle Initial) Mr. Ryland (Skip) Davis |             |  | Date of Receipt               |                    |
|           | Mailing Address 101 West Eighth Avenue                          | 9           |  | M M / D D                     | / <b>Y Y Y Y</b>   |
|           |   |             |  | 12 04                         | 2006               |
|           | City  | State       | Zip Code   | Transaction ID: 13            | 502782             |
|           | Spokane   | WA          | 99204-2307                                       | Amount of Each Re             | ceipt this Period  |
|           | FEC ID number of contributing                                   | С           |  |                               | 500.00             |
|           | federal political committee.                                    |             |  |                               |                    |
|           | Name of Employer<br>Sacred Heart Medical Cent-                  | Occupation  | n  | 7                             |                    |
|           | er Sacred Heart Medical Cent-                                   | Chief Exe   | ecutive Officer                                  |                               |                    |
|           | Receipt For:  | Aggregate   | e Year-to-Date ▼                                 |                               |                    |
|           | Primary General   |             | 500.00   | 1                             |                    |
|           | Other (specify)   |             | 300.00   |                               |                    |
|           |   |             |  |                               |                    |
| SI        | JBTOTAL of Receipts This Page (optional)                        |             | ·····  |                               | 1500.00            |
| T         | OTAL This Period (last page this line number or                 | าly)        |  |                               |                    |

| 21            | CHEDULE A (FEC Form 3X)   |             |  | FOR LINE NUMBER: PAGE 16 / 228             |    |  |
|---------------|---|-------------|--|--|----|--|
|               |   |             | Use separate schedule(s)                         | (check only one)                           |    |  |
| IT            | EMIZED RECEIPTS   |             | or each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                           |    |  |
|               |   |             | Detailed Summary Page                            |  | 7  |  |
| Δn            | y information copied from such Reports and Sta                  | tements may | not he sold or used by any nerso                 |  | Ť  |  |
| or            | for commercial purposes, other than using the n                 | ame and add | dress of any political committee to              | solicit contributions from such committee. |    |  |
| $\overline{}$ | NAME OF COMMITTEE (In Full)                                     |             |  |  | _  |  |
| /             | American Hospital Association PAC                               |             |  |  |    |  |
| /             | American Hospital Association PAC                               |             |  |  |    |  |
| _             | Full Name (Last, First, Middle Initial)                         |             |  |  |    |  |
| ۸.            | Mr. John R White  |             |  | Date of Receipt                            |    |  |
|               | Mailing Address 801 East Wheeler Road                           |             |  | M M / D D / Y Y Y Y                        |    |  |
|               | Walling Address Out Last Wheeler Hoad                           |             |  | 12 04 2006                                 |    |  |
|               | City  | State       | Zip Code   | Transaction ID: 13502783                   |    |  |
|               | Moses Lake  | WA          | 98837-1820                                       |  |    |  |
|               |   | WA          | 98837-1820                                       | Amount of Each Receipt this Period         |    |  |
|               | FEC ID number of contributing                                   | C           |  | 500.00                                     | Н  |  |
|               | federal political committee.                                    |             |  |  | J. |  |
|               | Name of Employer  | Occupation  | n  | -  |    |  |
|               | Name of Employer<br>Samaritan Healthcare                        |             | t and Chief Executive Office                     |  |    |  |
|               | Receipt For:  |             | Year-to-Date ▼                                   |  |    |  |
|               | Primary General   | Aggregate   | Teal to Date V                                   | 1  |    |  |
|               | Other (specify)   | ' '         | 500.00   |  |    |  |
|               | Citiei (specify) •  |             |  | 1  |    |  |
|               |   |             |  |  | _  |  |
| 2             | Full Name (Last, First, Middle Initial) Mr. Richard H Peterson  |             |  | Date of Receipt                            |    |  |
| ٥.            |   |             |  | ─  |    |  |
|               | Mailing Address 747 Broadway Avenue                             |             |  | 12 04 2006                                 |    |  |
|               | City  | State       | Zip Code   |  |    |  |
|               | · ·   |             | •  | Transaction ID: 13502784                   |    |  |
|               | Seattle   | WA          | 98122-4379                                       | Amount of Each Receipt this Period         |    |  |
|               | FEC ID number of contributing                                   | С           |  | 500.00                                     | Н  |  |
|               | federal political committee.                                    |             |  |  | J  |  |
|               | Name of Employer  | Occupation  | n  |  |    |  |
|               | Swedish Health Services   |             | t and Chief Executive Officer                    |  |    |  |
|               | Receipt For:  |             | Year-to-Date ▼                                   | _  |    |  |
|               | Primary General   | Aggregate   | real-to-Date V                                   | ,  |    |  |
|               | Other (specify)   | ' '         | 500.00   |  |    |  |
|               | Citiei (specify) •  |             |  | 1  |    |  |
|               | Full Name (Look First Middle 1-12-1)                            |             |  |  | _  |  |
| •             | Full Name (Last, First, Middle Initial) Ms. Victoria S. Galanti |             |  | Date of Receipt                            |    |  |
| ٠.            | Mailing Address 300 Elliott Avenue W.                           |             |  | M M / D D / Y Y Y Y                        |    |  |
|               | Ste. 300  |             |  | 12 04 2006                                 |    |  |
|               | City  | State       | Zip Code   | Transaction ID: 13502785                   |    |  |
|               | Seattle   | WA          | 98119-4198                                       | Amount of Each Receipt this Period         | _  |  |
|               |   | WA          | 30113-4130                                       | Amount of Each Neceipt this Feriod         | 1  |  |
|               | FEC ID number of contributing                                   | C           |  | 500.00                                     | Н  |  |
|               | federal political committee.                                    |             |  |  | J. |  |
|               | Name of Employer  | Occupation  | n  | 7  |    |  |
|               | Washington State Hospital                                       |             | e Vice President                                 |  |    |  |
|               | Association Receipt For:  |             | Year-to-Date ▼                                   | _  |    |  |
|               | Primary General   | 7.99.094.0  | · · · · · · · · · · · · · · · · · · ·            | 1  |    |  |
|               | Other (specify)   |             | 500.00   |  |    |  |
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| 6             | SUBTOTAL of Receipts This Page (optional)                       |             |  |  |    |  |
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| - 1 1         | OTAL This Period (last page this line number or                 | пу)         | <b>.</b>   |  | 4  |  |

| S             | CHEDULE A (FEC Form 3X)   |                              | Hoo consusts sale at tarrel   | FOR LINE NUMBER: PAGE 17 / 228  |
|---------------|---|------------------------------|---|---|
|               | EMIZED RECEIPTS   |                              | Use separate schedule(s) or each category of the                        | (check only one)  |
| 11            | LIVIIZED NECEIF I 3   |                              | Detailed Summary Page   | X 11a 11b 11c 12  |
| Λ.            | winformation assisted from south Bounds (1997)  |                              | wat ha salal an or of the con-  | 13 14 15 16 17  |
| An<br>or      | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | itements may<br>lame and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                              |   |   |
| $\rangle$     | American Hospital Association PAC   |                              |   |   |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Ms. Nancy J Bitting                                    |                              |   | Date of Receipt   |
|               | Mailing Address 2901 Squalicum Parkwa   |                              |   | 12 04 2006  |
|               | City  | State                        | Zip Code  | Transaction ID: 13502786  |
|               | Bellingham  | WA                           | 98225-1851  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.  | C                            |   | 250.00  |
|               | Name of Employer<br>St. Joseph Hospital   | Occupation<br>Regional       | n<br>Chief Executive Officer  |   |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |
|               | Primary General   |                              | 500.00  | 1   |
|               | Other (specify) ▼   |                              | 000.00  |   |
| 3.            | Full Name (Last, First, Middle Initial)<br>Mr. Al Gatmaitan                                       |                              |   | Date of Receipt   |
|               | Mailing Address 4847 E. CR 100 S.   |                              |   | 12 07 2006  |
|               | City  | State                        | Zip Code  | Transaction ID: 13505721  |
|               | Avon  | IN                           | 46123-8338  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.  | C                            |   | 250.00  |
|               | Name of Employer<br>Clarian West Medical Cent-<br>er  | Occupation CEO               | n   |   |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |
|               | Primary General Other (specify) ▼   |                              | 250.00  |   |
|               |   |                              |   |   |
| Э.            | Full Name (Last, First, Middle Initial) Mr. James J. Myers  |                              |   | Date of Receipt   |
|               | Mailing Address 2626 Windermere Wood  | ds Drive                     |   | 12 07 2006  |
|               | City  | State                        | Zip Code  | Transaction ID: 13505766  |
|               | Bloomington   | IN                           | 47401-5451  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.  | С                            |   | 250.00  |
|               | Name of Employer<br>Bloomington Hospital  | Occupation CFO               | n   |   |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |
|               | Primary General   |                              | 250.00  | 1   |
|               | Other (specify) ▼   | 0 0                          | 250.00  |   |
| S             | UBTOTAL of Receipts This Page (optional)  |                              |   | 750.00  |
| т             | OTAL This Period (last page this line number or   | nlv)                         | <b>_</b>  |   |
|               | · · · · · · · · · · · · · · · ·   |                              | ······  |   |

| S       | CHEDULE A (FEC Form 3X)                                       |                         |  | FOR LINE NUMBER: PAGE 18 / 228                    |
|---------|---|-------------------------|--|---|
|         | •   |                         | Use separate schedule(s) or each category of the | (check only one)                                  |
| Ш       | EMIZED RECEIPTS   |                         | Detailed Summary Page                            | X 11a 11b 11c 12                                  |
|         |   |                         | zotanos commany rago                             | 13 14 15 16 17                                    |
| Ar      | y information copied from such Reports and Sta                | atements may            | not be sold or used by any perso                 | on for the purpose of soliciting contributions    |
| or      | for commercial purposes, other than using the r               | name and add            | lress of any political committee to              | solicit contributions from such committee.        |
|         | NAME OF COMMITTEE (In Full)                                   |                         |  |   |
|         | American Hospital Association PAC                             |                         |  |   |
| Α.      | Full Name (Last, First, Middle Initial)<br>Mr. Martin Padgett |                         |  | Date of Receipt                                   |
|         | Mailing Address P O Box 69                                    |                         |  | 12 07 2006  |
|         | City  | State                   | Zip Code   | Transaction ID: 13505770                          |
|         | <u>Jeffersonville</u>   | IN                      | 47131-0600                                       | Amount of Each Receipt this Period                |
|         | FEC ID number of contributing federal political committee.    | C                       |  | 250.00  |
|         | Name of Employer<br>Clark Memorial Hospital                   | 1                       | and Chief Executive Officer                      |   |
|         | Receipt For:  | Aggregate               | Year-to-Date ▼                                   |   |
|         | Primary General   |                         | 250.00   | 1   |
|         | Other (specify) 🔻   | 1 1                     | 200.00   |   |
| В.      | Full Name (Last, First, Middle Initial)<br>Mr. John Stewart   |                         |  | Date of Receipt                                   |
|         | Mailing Address 1535 N. Park Ave.                             |                         |  | 12 07 2006  |
|         | City  | State                   | Zip Code   | Transaction ID: 13505793                          |
|         | Indianapolis  | IN                      | 46202-2608                                       | Amount of Each Receipt this Period                |
|         | FEC ID number of contributing federal political committee.    | C                       |  | 400.00  |
|         | Name of Employer<br>Heart Center of Indiana,                  | Occupation<br>Hospital  |  |   |
|         | The Receipt For:  | <u> </u>                | Year-to-Date ▼                                   | _   |
|         | Primary General   | riggrogato              | Tear to Bate V                                   | 1   |
|         | Other (specify) ▼   |                         | 400.00   |   |
| —<br>С. | Full Name (Last, First, Middle Initial) Mr. Milton Triana     |                         |  | Date of Receipt                                   |
|         | Mailing Address 1500 South Lake Park A                        | Avenue                  |  | M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y |
|         | City  | State                   | Zip Code   | Transaction ID: 13505803                          |
|         | Hobart  | IN                      | 46342-6638                                       | Amount of Each Receipt this Period                |
|         | FEC ID number of contributing                                 |                         |  |   |
|         | federal political committee.                                  | C                       |  | 250.00  |
|         | Name of Employer<br>St. Mary Medical Center<br>(Hobart)       | Occupation<br>Administr |  |   |
|         | Receipt For:  | Aggregate               | Year-to-Date ▼                                   |   |
|         | Primary General   |                         | 250.00   | 1   |
|         | Other (specify) ▼   |                         | 250.00   |   |
| _       |   |                         |  |   |
|         |   |                         |  | 900.00  |
| S       | UBTOTAL of Receipts This Page (optional)                      |                         | <u> </u>   | 300.00  |
|         |   |                         |  |   |

| S           | CHEDULE A (FEC Form 3X)  |                         | Use separate schedule(s)            | FOR LINE NUMBER:           | PAGE 19 / 228            |
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|             | EMIZED RECEIPTS  | or each category of the | (check only one)                    | 1 🗖                        |                          |
| ••          |  |                         | Detailed Summary Page               | X 11a 11b 1                | 11c   12<br>15   16   17 |
| Δη          | y information copied from such Reports and St  | atemente may            | y not be cold or used by any perso  |                            |                          |
| or          | for commercial purposes, other than using the  | name and add            | dress of any political committee to | solicit contributions from | such committee.          |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                         |                                     |                            |                          |
| $\geq$      | American Hospital Association PAC  |                         |                                     |                            |                          |
| A.          | Full Name (Last, First, Middle Initial)  Ms. Megan Cundari  Mailing Address 2005 O. and H. Oliver A NM |                         |                                     | Date of Receipt            |                          |
|             | Mailing Address 325 Seventh Street, NV Suite 700   | V                       |                                     | 12 07                      | 2006                     |
|             | City   | State                   | Zip Code                            | Transaction ID: 13         | 505854                   |
|             | Washington   | DC                      | 20004-2818                          | Amount of Each Re          | ceipt this Period        |
|             | FEC ID number of contributing federal political committee.   | C                       |                                     |                            | 250.00                   |
|             | Name of Employer<br>American Hospital Associa-<br>tion-Washingt  | Occupation<br>Associate | n<br>e Director, Federal Relations  |                            |                          |
|             | Receipt For:   | Aggregate               | e Year-to-Date ▼                    |                            |                          |
|             | Primary General Other (specify) ▼  |                         | 250.00                              |                            |                          |
| В.          | Full Name (Last, First, Middle Initial) Ms. Suzanne Raab-Long  |                         |                                     | Date of Receipt            |                          |
|             | Mailing Address 1280 South Governors   | Avenue                  |                                     | 12 07                      | 2006                     |
|             | City   | State                   | Zip Code                            | Transaction ID: 13         |                          |
|             | Dover  | DE                      | 19904-4802                          | Amount of Each Re          | ceipt this Period        |
|             | FEC ID number of contributing federal political committee.   | C                       |                                     |                            | 250.00                   |
|             | Name of Employer<br>Delaware Healthcare Association  | Occupation Vice Pres    | n<br>sident, Professional Services  |                            |                          |
|             | Receipt For:   | Aggregate               | e Year-to-Date ▼                    |                            |                          |
|             | Primary General Other (specify) ▼  | 0 0                     | 250.00                              |                            |                          |
| <u> </u>    | Full Name (Last, First, Middle Initial)<br>Mr. Joseph Connolly   |                         |                                     | Date of Receipt            |                          |
|             | Mailing Address 56 Franklin Street   |                         |                                     | 12 07                      | 2006                     |
|             | City   | State                   | Zip Code                            | Transaction ID: 13         |                          |
|             | Waterbury  | CT                      | 06706-1221                          | Amount of Each Re          | ceipt this Period        |
|             | FEC ID number of contributing federal political committee.   | C                       |                                     |                            | 250.00                   |
|             | Name of Employer<br>Saint Mary's Hospital  | Occupation Director     |                                     |                            |                          |
|             | Receipt For:   | Aggregate               | Year-to-Date ▼                      |                            |                          |
|             | Primary General Other (specify) ▼  |                         | 250.00                              |                            |                          |
| s           | UBTOTAL of Receipts This Page (optional)   |                         | ·····                               |                            | 750.00                   |
| T           | OTAL This Period (last page this line number of  | only)                   | <b>&gt;</b>                         |                            |                          |

| 21 | CHEDULE A (FEC Form 3X)                                  |             |  | FOR LINE NUMBER:           | PAGE 20 / 228                         |
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| IT | EMIZED RECEIPTS  |             | or each category of the                | X 11a 11b                  | 11c                                   |
|    |  |             | Detailed Summary Page                  | 13 14                      | 15 16 17                              |
| Δn | y information copied from such Reports and Sta           | tomonte may | , not be sold or used by any perso     |                            |                                       |
| or | for commercial purposes, other than using the r          | ame and add | dress of any political committee to    | solicit contributions from | such committee.                       |
| _  | NAME OF COMMITTEE (In Full)                              |             |  |                            |                                       |
| /  | , ,  |             |  |                            |                                       |
| /  | American Hospital Association PAC                        |             |  |                            |                                       |
| _  | Full Name (Lost First Middle Initial)                    |             |  |                            |                                       |
| ۸  | Full Name (Last, First, Middle Initial) Mr. John H Tobin |             |  | Date of Receipt            |                                       |
| ٦. |  |             |  |                            |                                       |
|    | Mailing Address 64 Robbins Street                        |             |  | 12 07                      | 2006                                  |
|    | City   | State       | Zip Code                               |                            |                                       |
|    | -  |             | ·                                      | Transaction ID: 13         |                                       |
|    | Waterbury  | CT          | 06708-2600                             | Amount of Each Re          | eceipt this Period                    |
|    | FEC ID number of contributing                            | С           |  |                            | 500.00                                |
|    | federal political committee.                             |             |  |                            | 300.00                                |
|    | Name of Caralana   |             |  |                            |                                       |
|    | Name of Employer<br>Waterbury Hospital                   | Occupation  |  |                            |                                       |
|    |  |             | t and Chief Executive Officer          | _                          |                                       |
|    | Receipt For:   | Aggregate   | e Year-to-Date ▼                       |                            |                                       |
|    | Primary General  | , ,         | 500.00                                 |                            |                                       |
|    | Other (specify) ▼  |             | 300.00                                 |                            |                                       |
|    |  |             |  |                            |                                       |
| _  | Full Name (Last, First, Middle Initial)                  |             |  |                            |                                       |
| 3. | Ms. Marna P Borgstrom                                    |             |  | Date of Receipt            |                                       |
|    | Mailing Address 789 Howard Avenue                        |             |  | M M / D D                  | / Y Y Y Y                             |
|    |  |             |  | 12 07                      | 2006                                  |
|    | City   | State       | Zip Code                               | Transaction ID: 13         | 3506595                               |
|    | New Haven  | CT          | 06519-1304                             | Amount of Each Re          | eceipt this Period                    |
|    | FEC ID number of contributing                            |             |  | 1 1 1 1                    | 500.00                                |
|    | federal political committee.                             | C           |  |                            | 500.00                                |
|    |  |             |  |                            |                                       |
|    | Name of Employer<br>Yale New Haven Health Sys-           | Occupation  | า                                      |                            |                                       |
|    | tem  | President   | t and Chief Executive Officer          | •                          |                                       |
|    | Receipt For:   | Aggregate   | e Year-to-Date ▼                       |                            |                                       |
|    | Primary General  |             |  | 1                          |                                       |
|    | Other (specify)  | 1           | 500.00                                 |                            |                                       |
|    |  |             |  |                            |                                       |
|    | Full Name (Last, First, Middle Initial)                  |             |  |                            |                                       |
| Э. | Mr. Stephen A. Frayne                                    |             |  | Date of Receipt            |                                       |
|    | Mailing Address 411 Old Sherman Hill R                   | oad         |  | M M / D D                  | / Y Y Y Y                             |
|    |  |             |  | 12 07                      | 2006                                  |
|    | City   | State       | Zip Code                               | Transaction ID: 13         | 3506596                               |
|    | Woodbury   | CT          | 06798-4003                             | Amount of Each Re          |                                       |
|    | FEC ID number of contributing                            | -           |  |                            | · · · · · · · · · · · · · · · · · · · |
|    | federal political committee.                             | C           |  |                            | 500.00                                |
|    |  |             |  |                            |                                       |
|    | Name of Employer<br>Connecticut Hospital Asso-           | Occupation  | n                                      |                            |                                       |
|    | ciation  | Vice Pres   | sident, Finance                        |                            |                                       |
|    | Receipt For:   | Aggregate   | e Year-to-Date ▼                       |                            |                                       |
|    | Primary General  |             |  | 1                          |                                       |
|    | Other (specify) ▼  | 1           | 500.00                                 |                            |                                       |
|    |  |             |  | 1                          |                                       |
|    | l.   |             |  |                            |                                       |
| 6  | URTOTAL of Receipts This Boss (entires)                  |             |  |                            | 1500.00                               |
| 3  | UBTOTAL of Receipts This Page (optional)                 |             | ······································ | -                          |                                       |
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| S          | CHEDULE A (FEC Form 3X)   |                        | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 21 / 228                               |
|------------|---|------------------------|---|--|
| IT         | EMIZED RECEIPTS   |                        | or each category of the<br>Detailed Summary Page                          | (check only one)    X   11a                                  |
| Ar         | ny information copied from such Reports and S<br>for commercial purposes, other than using the  | tatements may          | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions               |
|            | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                   |                        | 71  |  |
| Α.         | Full Name (Last, First, Middle Initial) Ms. Kimberley K. Hostetler                              |                        |   | Date of Receipt  |
|            | Mailing Address 31 Prospect Place   |                        | 71.0  | 12 07 2006   |
|            | City<br>Bristol   | State<br>CT            | Zip Code<br>06010-5045  | Transaction ID: 13506597  Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.                                      | С                      |   | 500.00   |
|            | Name of Employer<br>Connecticut Hospital Asso-<br>ciation                                       | Occupatio<br>Vice Pres | sident  |  |
|            | Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | e Year-to-Date ▼ 500.00   |  |
| В.         | Full Name (Last, First, Middle Initial) Mr. Patrick Charmel Mailing Address 130 Division Street | 1                      |   | Date of Receipt  1 2 0 7 2 0 0 6                             |
|            | City  | State                  | Zip Code  | 1 2 0 7 2 0 0 6<br>Transaction ID: 13506598                  |
|            | Derby   | CT                     | 06418-1326  | Amount of Each Receipt this Period                           |
|            | FEC ID number of contributing federal political committee.                                      | C                      |   | 500.00   |
|            | Name of Employer<br>Griffin Hospital  | Occupatio<br>Presiden  | n<br>t and Chief Executive Office   | <u></u>  |
|            | Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | e Year-to-Date ▼ 500.00   |  |
| <u>С</u> . | Full Name (Last, First, Middle Initial)<br>Mr. Laurence A Tanner                                |                        |   | Date of Receipt  |
|            | Mailing Address P O Box 100   |                        |   | 12 07 2006   |
|            | City<br>New Britain   | State<br>CT            | Zip Code<br>06050-0100  | Transaction ID: 13506599  Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.                                      | C                      |   | 500.00   |
|            | Name of Employer<br>New Britain General Hospi-<br>tal   | Occupatio<br>Presiden  | n<br>t and Chief Executive Office   | r  |
|            | Receipt For:  Primary  General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼ 500.00   |  |
| s          | UBTOTAL of Receipts This Page (optional)  |                        |   | 1500.00  |
| <br> -     | OTAL This Period (last page this line number  | only)                  |   |  |

| S             | CHEDULE A (FEC Form 3X)  |                             | l la a agravata a abaglula (a)  | FOR LINE NUMBER: PAGE 22 / 228  |
|---------------|--|-----------------------------|---|---|
|               | EMIZED RECEIPTS  |                             | Use separate schedule(s)<br>or each category of the                     | (check only one)  |
|               | EWIZED RECEIPTS  |                             | Detailed Summary Page   | X 11a 11b 11c 12  |
| _             |  |                             |   | 13 14 15 16 17  |
| An<br>or      | ly information copied from such Reports and Sta<br>for commercial purposes, other than using the n | itements may<br>ame and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full)  |                             |   |   |
| $\rangle$     | American Hospital Association PAC  |                             |   |   |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Mr. Robert Gerard Kiely                                 |                             |   | Date of Receipt   |
|               | Mailing Address 28 Crescent Street   |                             |   | 12 07 2006  |
|               | City   | State                       | Zip Code  | Transaction ID: 13506600  |
|               | Middletown   | СТ                          | 06457-3654  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.   | C                           |   | 500.00  |
|               | Name of Employer<br>Middlesex Hospital   | Occupation<br>President     | n<br>t and Chief Executive Officer                                      |   |
|               | Receipt For:   | Aggregate                   | Year-to-Date ▼  |   |
|               | Primary General  |                             | 500.00  |   |
|               | Other (specify) ▼  | 0 0                         | 000.00  |   |
| 3.            | Full Name (Last, First, Middle Initial)<br>Mr. Patrick J. Monahan, II                              |                             |   | Date of Receipt   |
|               | Mailing Address 2 O'Neil Lane  |                             |   | 12 07 2006  |
|               | City   | State                       | Zip Code  | Transaction ID: 13506601  |
|               | Branford   | CT                          | 06405-3300  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.   | C                           |   | 500.00  |
|               | Name of Employer<br>Connecticut Hospital Asso-<br>ciation  | Occupation VP & Ger         | n<br>neral Counsel  |   |
|               | Receipt For:   | Aggregate                   | Year-to-Date ▼  |   |
|               | Primary General Other (specify) ▼  |                             | 500.00  |   |
|               | Full Name (Leet First Middle Initial)  |                             |   | -   |
| Э.            | Full Name (Last, First, Middle Initial) Mr. James D. lacobellis                                    |                             |   | Date of Receipt   |
|               | Mailing Address 110 Barnes Road  |                             |   | 12 07 2006  |
|               | City   | State                       | Zip Code  | Transaction ID: 13506602  |
|               | Wallingford  | CT                          | 06492-1802  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.   | C                           |   | 500.00  |
|               | Name of Employer<br>Connecticut Hospital Asso-   | Occupation<br>Vice Pres     | n<br>sident, Government Relation  | s   |
|               | ciation Receipt For:   | -                           | Year-to-Date <b>V</b>   | _   |
|               | Primary General  |                             |   | 1   |
|               | Other (specify) ▼  | 0 0                         | 500.00  |   |
| s             | UBTOTAL of Receipts This Page (optional)   |                             |   | 1500.00   |
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| S          | CHEDULE A (FEC Form 3X)  | Use separate schedule(s)   | (check only one)   |
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| IT         | EMIZED RECEIPTS  | or each category of the<br>Detailed Summary Page                                   | X 11a 11b 11c 12<br>13 14 15 16 17                           |
| Ar         | y information copied from such Reports and Statements for commercial purposes, other than using the name and | may not be sold or used by any person<br>d address of any political committee to s | for the purpose of soliciting contributions                  |
|            | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |  |  |
| Α.         | Full Name (Last, First, Middle Initial)<br>Mr. Robert J Trefry   |  | Date of Receipt  |
|            | Mailing Address P O Box 5000   |  | 12 07 2006   |
|            | City State Bridgeport CT   | e Zip Code<br>06610-0120   | Transaction ID: 13506603  Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.   |  | 500.00   |
|            | Name of Employer Bridgeport Hospital Presi   | pation dent and Chief Executive Officer  |  |
|            | Receipt For:  Primary  General  Other (specify) ▼  | egate Year-to-Date ▼ 500.00  |  |
| В.         | Full Name (Last, First, Middle Initial) Mr. John J Meehan Mailing Address P O Box 5037                       |  | Date of Receipt  |
|            | City State   | e Zip Code   | 12 07 2006   |
|            | Hartford CT  | 06102-5037   | Transaction ID: 13506604  Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.   | 00.02 0007   | 500.00   |
|            | -  | dent and Chief Executive Officer   |  |
|            | Receipt For:  Primary  General  Other (specify) ▼  | egate Year-to-Date ▼ 500.00  |  |
| <u>с</u> . | Full Name (Last, First, Middle Initial)<br>Mr. John J. Brady, III  |  | Date of Receipt  |
|            | Mailing Address 5 Lynnbrook Road   |  | 12 07 2006   |
|            | City State Trumbull CT   | e Zip Code<br>06611-3308   | Transaction ID: 13506605  Amount of Each Receipt this Period |
|            | FEC ID number of contributing federal political committee.   |  | 500.00   |
|            | Giation  | President, Business Development  | <u>.</u> &   |
|            | Receipt For:  Primary  Other (specify)   | egate Year-to-Date ▼ 500.00  |  |
| s          | UBTOTAL of Receipts This Page (optional)   | <b>&gt;</b>  | 1500.00  |
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| S        | CHEDULE A (FEC Form 3X)  | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 24 / 228                |
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|          | EMIZED RECEIPTS  | or each category of the  | (check only one)                              |
| 11       | EIMIZED RECEIP 13  | Detailed Summary Page  | X 11a 11b 11c 12                              |
|          |  |  | 13 14 15 16 17                                |
| Ar       | ny information copied from such Reports and Statements<br>for commercial purposes, other than using the name and | may not be sold or used by any perso   | n for the purpose of soliciting contributions |
| 01       |  | a address of any political committee to  | Solicit contributions from such committee.    |
|          | NAME OF COMMITTEE (In Full)  |  |   |
| /        | American Hospital Association PAC  |  |   |
| _        | Full Name (Last, First, Middle Initial)  |  |   |
| A.       | Ms. Lucille A Janatka  |  | Date of Receipt                               |
|          | Mailing Address 435 Lewis Avenue   |  | M M / D D / Y Y Y Y                           |
|          | 5 100 20110 71101100   |  | 12 07 2006                                    |
|          | City State   | e Zip Code   | Transaction ID: 13506606                      |
|          | Meriden CT   | 06451-2101   | Amount of Each Receipt this Period            |
|          | FEC ID number of contributing  |  | 500.00  |
|          | federal political committee.   |  | 500.00  |
|          |  |  |   |
|          | Name of Employer MidState Medical Center  Occup Mragination  |  |   |
|          | Fiesi  | dent and Chief Executive Officer   | 4   |
|          |  | egate Year-to-Date ▼   |   |
|          | Primary General Other (specify)  | 500.00   |   |
|          | Other (specify)  | 0 0 0 0 0 0 0 0  |   |
|          | Full Name (Last, First, Middle Initial)  |  |   |
| В.       | Mr Kyle Ballou   |  | Date of Receipt                               |
|          | Mailing Address 20 York Street   |  | M M / D D / Y Y Y Y                           |
|          |  |  | 12 07 2006                                    |
|          | City State   | e Zip Code   | Transaction ID: 13506607                      |
|          | New Haven CT   | 06510-3220   | Amount of Each Receipt this Period            |
|          | FEC ID number of contributing  | 0 0 0 0 0  | 050.00  |
|          | federal political committee.   |  | 250.00  |
|          | Name of Employer   | anti an  | 4   |
|          | Name of Employer Yale-New Haven Hospital  Occup Admi   | nistrative Director Community a  |   |
|          |  | egate Year-to-Date $\nabla$  |   |
|          | Primary General  | gale real-10-Dale V  |   |
|          | Other (specify) ▼  | 250.00   |   |
|          | calci (cpccii)) V  | 0 0 0 0 0 0 0 0  |   |
|          | Full Name (Last, First, Middle Initial)  |  |   |
| C.       | Mr. Richard A Brvenik, , FACHE   |  | Date of Receipt                               |
|          | Mailing Address 112 Mansfield Avenue   |  | M M / D D / Y Y Y                             |
|          |  |  | 12 07 2006                                    |
|          | City   | e Zip Code   | Transaction ID: 13506608                      |
|          | Willimantic CT   | 06226-2041   | Amount of Each Receipt this Period            |
|          | FEC ID number of contributing  |  | 250.00  |
|          | federal political committee.   |  | 230.00  |
|          | Name of Employer Occur   | agtion   | -   |
|          | Windham Community Memorial   | dent and Chief Executive Officer   |   |
|          | 1 lospitai   | egate Year-to-Date    Total Paragraphic Pa | -   |
|          | Primary General  | gate roar to Bate V  |   |
|          | Other (specify)  | 250.00   |   |
|          |  | 0 0 0 0 0 0 0 0  | '   |
|          | <u> </u>   |  |   |
| s        | UBTOTAL of Receipts This Page (optional)   | <b>.</b>   | 1000.00                                       |
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|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                 | Use separate schedule(s) or each category of the Detailed Summary Page           | FOR LINE NUMBER: PAGE 25 / 228 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 |
|-------------------|---|---------------------------------|--|--|
| Ar<br>or          | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the r  | atements may                    | not be sold or used by any persodress of any political committee to              | n for the purpose of soliciting contributions                                    |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |                                 |  |  |
| Α.                | Full Name (Last, First, Middle Initial) Ms. Mary Lyon Mailing Address 12 Wildlife Drive  City Wallingford  FEC ID number of contributing federal political committee.  Name of Employer Connecticut Hospital Association  Receipt For: Primary General Other (specify)                | State CT C Occupation Vice Pres |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| 3.                | Full Name (Last, First, Middle Initial) Mr David R Newton Mailing Address P O Box 100  City New Britain  FEC ID number of contributing federal political committee.  Name of Employer New Britain General Hospital Receipt For: Primary General Other (specify)                       |                                 | Zip Code<br>06050-0100<br>n<br>ice President Finance and Cl<br>e Year-to-Date ▼  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| <b>D.</b>         | Full Name (Last, First, Middle Initial) Mr. Clarence J Silvia  Mailing Address 81 Meriden Avenue  City Southington  FEC ID number of contributing federal political committee.  Name of Employer Bradley Memorial Hospital and Health C  Receipt For: Primary General Other (specify) |                                 | Zip Code<br>06489-3268<br>n<br>t and Chief Executive Officer<br>e Year-to-Date ▼ | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| s                 | UBTOTAL of Receipts This Page (optional)  |                                 | ······   | 750.00   |
| Т                 | OTAL This Period (last page this line number o  | nlv)                            | <b>&gt;</b>  |  |

| S           | CHEDULE A (FEC Form 3X)                        |  |                                     | FOR LINE NUMBER: PAGE 26 / 228                 |
|-------------|--|--|-------------------------------------|--|
|             |  | Use separate schedule(s) or each category of the |                                     | (check only one)                               |
| П           | EMIZED RECEIPTS                                |  | Detailed Summary Page               | X 11a 11b 11c 12                               |
|             |  |  | Detailed Summary Fage               | 13 14 15 16 17                                 |
| Ar          | y information copied from such Reports and Si  | atements may                                     | not be sold or used by any perso    | on for the purpose of soliciting contributions |
| or          | for commercial purposes, other than using the  | name and add                                     | lress of any political committee to | solicit contributions from such committee.     |
| $\setminus$ | NAME OF COMMITTEE (In Full)                    |  |                                     |  |
| $  \rangle$ | American Hospital Association PAC              |  |                                     |  |
|             | •  |  |                                     |  |
| •           | Full Name (Last, First, Middle Initial)        |  |                                     |  |
| Α.          | Dr. Joel R Reich, , M.D.                       |  |                                     | Date of Receipt                                |
|             | Mailing Address 71 Haynes Street               |  |                                     | M M / D D / Y Y Y Y                            |
|             |  | <u> </u>   |                                     | 12 07 2006                                     |
|             | City   | State  | Zip Code                            | Transaction ID: 13506612                       |
|             | Manchester                                     | CT   | 06040-4131                          | Amount of Each Receipt this Period             |
|             | FEC ID number of contributing                  | С  |                                     | 250.00   |
|             | federal political committee.                   |  |                                     | 255.55   |
|             | Name of Employer                               | Occupation                                       | 1                                   | _  |
|             | Name of Employer<br>Eastern Connecticut Health |  | ce President Medical Affairs        |  |
|             | Network Receipt For:                           |  | Year-to-Date ▼                      |  |
|             | Primary General                                | riggrogato                                       | real to Bate 🔻                      | 1  |
|             | Other (specify) ▼                              |  | 250.00                              |  |
|             |  |  |                                     | 1  |
| _           | Full Name (Last, First, Middle Initial)        |  |                                     |  |
| В.          |  |  |                                     | Date of Receipt                                |
|             | Mailing Address 81 Meriden Avenue              |  |                                     | M M / D D / Y Y Y Y                            |
|             |  |  |                                     | 12 07 2006                                     |
|             | City   | State  | Zip Code                            | Transaction ID: 13506613                       |
|             | Southington                                    | CT   | 06489-3297                          | Amount of Each Receipt this Period             |
|             | FEC ID number of contributing                  |  |                                     | 250.00   |
|             | federal political committee.                   | C  |                                     | 250.00   |
|             | Name of Employer                               | Occupation                                       |                                     | _  |
|             | Name of Employer<br>Bradley Memorial Hospital  |  | isident Finance and Chief Fin       | an   |
|             | and Health C Receipt For:                      |  | Year-to-Date V                      |  |
|             | Primary General                                | Aggregate  | Teal-10-Date V                      | 1  |
|             | Other (specify)                                |  | 250.00                              |  |
|             | Calci (openity) V                              |  |                                     | 1  |
|             | Full Name (Last, First, Middle Initial)        |  |                                     |  |
| C.          | Mr. Martin L. Levine                           |  |                                     | Date of Receipt                                |
|             | Mailing Address 19 Carter Lane                 |  |                                     | M M / D D / Y Y Y Y                            |
|             |  |  |                                     | 12 07 2006                                     |
|             | City   | State  | Zip Code                            | Transaction ID: 13506614                       |
|             | Glastonbury                                    | CT   | 06033-2217                          | Amount of Each Receipt this Period             |
|             | FEC ID number of contributing                  |  |                                     | 250.00   |
|             | federal political committee.                   | C  |                                     | 250.00   |
|             | Name of Employer                               | Occupation                                       | <u> </u>                            | $\dashv$                                       |
|             | Windham Community Memorial                     |  | ı<br>rator Director Human Resou     | rces   |
|             | Hospital Receipt For:                          |  | Year-to-Date <b>V</b>               | 1003   |
|             | Primary General                                | ~yyreyale  | Toal-to-Date ▼                      | ,  |
|             | Other (specify)                                | ' '  | 250.00                              |  |
|             | 3aioi (opoonj) ₹                               | -  | 0 0 0 0 0 0 0                       | 1  |
|             |  |  |                                     |  |
| _           | UBTOTAL of Receipts This Page (optional)       |  |                                     | 750.00   |
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| SCL                      | HEDIII E A /EEC Form 2V)   |              |  | FOR LINE NUMBER:            | PAGE 27 / 228       |
|--------------------------|--|--------------|--|-----------------------------|---------------------|
| SCHEDULE A (FEC Form 3X) |  |              | Use separate schedule(s)                         | (check only one)            | ,                   |
| ITEI                     | MIZED RECEIPTS   |              | or each category of the<br>Detailed Summary Page | X 11a 11b                   | 11c   12            |
|                          |  |              | Detailed Guillinary Fage                         | 13 14                       | 15   16   17        |
| Any ir                   | nformation copied from such Reports and Sta                        | atements may | not be sold or used by any perso                 | on for the purpose of solic | iting contributions |
| or for                   | commercial purposes, other than using the r                        | name and add | dress of any political committee to              | solicit contributions from  | such committee.     |
| \ N/                     | AME OF COMMITTEE (In Full)   |              |  |                             |                     |
| > A                      | merican Hospital Association PAC                                   |              |  |                             |                     |
| <u> </u>                 | II Nicosa (Laga Figal Middle Istral)                               |              |  |                             |                     |
|                          | ull Name (Last, First, Middle Initial)<br>r Steven D Hanks, , M.D. |              |  | Date of Receipt             |                     |
| _                        | ailing Address P O Box 100   |              |  |                             | / Y ' Y ' Y ' Y     |
|                          | amig / ladi see  |              |  | 1 2 0 7                     |                     |
| Ci                       | ity  | State        | Zip Code   | Transaction ID: 13          | 3506615             |
| Ν                        | lew Britain  | CT           | 06050-0100                                       | Amount of Each Re           |                     |
|                          | EC ID number of contributing                                       |              |  |                             |                     |
|                          | deral political committee.   | C            |  |                             | 250.00              |
| Na                       | ame of Employer<br>ew Britain General Hospi-                       | Occupation   | า  |                             |                     |
| No<br>ta                 | ew Britain General Hospi-<br>I                                     | Senior Vi    | ce President Medical Affairs                     | :                           |                     |
|                          | eceipt For:  | Aggregate    | e Year-to-Date ▼                                 |                             |                     |
|                          | Primary General  |              | 050.00   | 1                           |                     |
|                          | Other (specify) ▼  |              | 250.00   |                             |                     |
|                          |  |              |  |                             |                     |
| _                        | ull Name (Last, First, Middle Initial)<br>r. Steven A. Godfrey     |              |  | Date of Receipt             |                     |
| _                        | ailing Address Post Office Box 100                                 |              |  | M M / D D                   | / Y                 |
|                          | dining Address 1 Ost Office Box 100                                | 1 2 0 7      |  |                             |                     |
| Ci                       | ity  | State        | Zip Code   | Transaction ID: 13          | 3506616             |
| N                        | lew Britain  | CT           | 06050-4000                                       | Amount of Each Re           |                     |
| FF                       | EC ID number of contributing                                       |              |  |                             |                     |
|                          | deral political committee.   | C            |  |                             | 250.00              |
| <u> </u>                 | and of European  | 10           |  | _                           |                     |
| C                        | ame of Employer<br>entral Connecticut Health                       | Occupation   | isident, Managed Care                            |                             |                     |
|                          | lliance<br>eceipt For:   | _            | Year-to-Date $\nabla$                            |                             |                     |
|                          | Primary General  | Aggregate    | rear-to-Date V                                   | ,                           |                     |
| -                        | Other (specify)  |              | 250.00   |                             |                     |
|                          | care. (epeca.y) 🔻  | 0 0          |  | 1                           |                     |
| _                        | ull Name (Last, First, Middle Initial)                             |              |  | Date of D                   |                     |
| _                        | r J Kevin Kinsella   |              |  | Date of Receipt             |                     |
| IVI                      | ailing Address P O Box 5037  |              |  | 12 07                       |                     |
| Ci                       | ity  | State        | Zip Code   | Transaction ID: 13          |                     |
| Щ                        | lartford   | CT           | 06102-5037                                       | Amount of Each Re           |                     |
| FF                       | EC ID number of contributing                                       |              |  |                             | · · · · · ·         |
|                          | deral political committee.   | C            |  |                             | 250.00              |
| N                        | amo of Employer  | Occupation   | 2  | _                           |                     |
| Ha                       | ame of Employer<br>artford Hospital                                | Vice Pres    |  |                             |                     |
| R                        | eceipt For:  | -1           | Year-to-Date <b>V</b>                            |                             |                     |
| Γ                        | Primary General  | riggrogate   | real to Bate V                                   | 7                           |                     |
|                          | Other (specify)  |              | 250.00   |                             |                     |
|                          |  |              |  | 1                           |                     |
|                          |  |              |  |                             | 750.00              |
| SUB                      | BTOTAL of Receipts This Page (optional)                            |              |  |                             | 750.00              |
|                          |  |              |  |                             |                     |
| TOT                      | AL This Period (last page this line number of                      | nly)         | <b>&gt;</b>                                      |                             |                     |

| SCL                      | JEDIII E A /EEC Form 3Y)                     |              |                                     | FOR LINE NUME         | BER: PAGE 28 / 228     |
|--------------------------|--|--------------|-------------------------------------|-----------------------|------------------------|
| SCHEDULE A (FEC Form 3X) |  |              | Use separate schedule(s)            | (check only one)      | 20, 220                |
| ITEMIZED RECEIPTS        |  |              | or each category of the             | X 11a 11              | 1b                     |
|                          |  |              | Detailed Summary Page               | 13 11                 |                        |
| Any ir                   | nformation copied from such Reports and Sta  | atomonte may | , not be sold or used by any perso  |                       |                        |
| or for                   | commercial purposes, other than using the r  | name and add | dress of any political committee to | solicit contributions | from such committee.   |
| N/                       | AME OF COMMITTEE (In Full)                   |              |                                     |                       |                        |
| \                        | merican Hospital Association PAC             |              |                                     |                       |                        |
| / ^'                     | mencan nospital Association FAC              |              |                                     |                       |                        |
| Fu                       | ıll Name (Last, First, Middle Initial)       |              |                                     |                       |                        |
|                          | r. Stephen L Meredith                        |              |                                     | Date of Recei         | pt                     |
| Ma                       | ailing Address 910 Wallace Avenue            |              |                                     | M M / [               | D D / Y Y Y Y          |
|                          | 0.0.1.44007640                               |              |                                     | 1 2                   | 07 2006                |
| Cit                      | ty   | State        | Zip Code                            | Transaction I         | <b>D</b> : 13506640    |
| Le                       | eitchfield                                   | KY           | 42754-2414                          |                       | ch Receipt this Period |
| FE                       | EC ID number of contributing                 |              |                                     |                       | <del> </del>           |
|                          | deral political committee.                   | C            |                                     |                       | 250.00                 |
| _                        |  |              |                                     |                       |                        |
| Ŋa                       | ame of Employer<br>vin Lakes Regional Medic- | Occupation   | า                                   |                       |                        |
|                          | Center                                       | Chief Exe    | ecutive Officer                     |                       |                        |
| Re                       | eceipt For:                                  | Aggregate    | e Year-to-Date ▼                    |                       |                        |
|                          | Primary General                              |              | 050.00                              | 1                     |                        |
|                          | Other (specify) ▼                            |              | 250.00                              |                       |                        |
|                          |  |              |                                     |                       |                        |
|                          | ıll Name (Last, First, Middle Initial)       |              |                                     |                       |                        |
| _                        | r. Jack G. Blackwell                         |              |                                     | Date of Recei         | pt                     |
| Ma                       | ailing Address 520 24th Street               |              | 0.7                                 |                       |                        |
| _                        |  | 12           | 07 2006                             |                       |                        |
| Cit                      |  | State        | Zip Code                            | Transaction I         | <b>D</b> : 13506647    |
| <u>As</u>                | shland                                       | KY           | 41101-2904                          | Amount of Ea          | ch Receipt this Period |
|                          | EC ID number of contributing                 | C            |                                     |                       | 250.00                 |
| fed                      | deral political committee.                   |              |                                     |                       | 200.00                 |
| No                       | ame of Employer                              | Occupation   | 2                                   | _                     |                        |
| Οι                       | ur Lady of Bellefonte Ho-                    |              | of Accounting                       |                       |                        |
|                          | oital eceipt For:                            |              | Year-to-Date <b>V</b>               | _                     |                        |
| Π.                       | Primary General                              | Ayyreyale    | real-lo-Date V                      | ,                     |                        |
| -                        | Other (specify)                              | ' '          | 250.00                              |                       |                        |
|                          | Curior (openity)                             | 1 1          |                                     | 1                     |                        |
| Ę.,                      | III Name (Last, First, Middle Initial)       |              |                                     | +                     |                        |
| _                        | r. Harold C Warman, , FACHE                  |              |                                     | Date of Recei         | pt                     |
|                          | ailing Address PO Box 668                    |              |                                     |                       | D D / Y Y Y Y          |
|                          |  |              |                                     | 1 2                   | 07 2006                |
| Cit                      | ty   | State        | Zip Code                            | Transaction I         | <b>D</b> : 13506662    |
| <u>Pı</u>                | restonsburg                                  | KY           | 41653-0668                          | Amount of Ea          | ch Receipt this Period |
| FF                       | EC ID number of contributing                 |              |                                     |                       | 500.00                 |
|                          | deral political committee.                   | C            |                                     |                       | 500.00                 |
| <del></del>              |  | 10 "         |                                     | _                     |                        |
| iNa<br>Hi                | ame of Employer<br>ghlands Regional Medical  | Occupation   |                                     | _                     |                        |
| Center                   |  | 1            | t and Chief Executive Officer       |                       |                        |
| Re                       | eceipt For:                                  | Aggregate    | Year-to-Date ▼                      | . 1                   |                        |
| -                        | Primary General                              |              | 500.00                              |                       |                        |
| L                        | Other (specify) ▼                            |              |                                     | Ц                     |                        |
|                          |  |              |                                     |                       |                        |
|                          |  |              |                                     |                       | 1000.00                |
| SUB                      | TOTAL of Receipts This Page (optional)       |              | ······                              |                       |                        |
|                          |  |              |                                     |                       |                        |
| TOT                      | AL This Period (last page this line number o | nly)         | <b>)</b>                            |                       |                        |

| S           | CHEDULE A (FEC Form 3X)                       |  |                                     | FOR LINE NUMBER: PAGE 29 / 228                 |
|-------------|---|--|-------------------------------------|--|
| •           |   | Use separate schedule(s) or each category of the |                                     | (check only one)                               |
| П           | EMIZED RECEIPTS                               |  | Detailed Summary Page               | X 11a 11b 11c 12                               |
|             |   |  | Detailed Summary Fage               | 13 14 15 16 17                                 |
| Ar          | y information copied from such Reports and St | atements may                                     | not be sold or used by any perso    | on for the purpose of soliciting contributions |
| or          | for commercial purposes, other than using the | name and ado                                     | dress of any political committee to | solicit contributions from such committee.     |
| $\setminus$ | NAME OF COMMITTEE (In Full)                   |  |                                     |  |
| $  \rangle$ | American Hospital Association PAC             |  |                                     |  |
|             | ·   |  |                                     |  |
|             | Full Name (Last, First, Middle Initial)       |  |                                     |  |
| Α.          | Mrs. Joann Anderson                           |  |                                     | Date of Receipt                                |
|             | Mailing Address 911 Bypass Road               |  |                                     | M M / D D / Y Y Y Y                            |
|             | -   |  |                                     | 12 07 2006                                     |
|             | City  | State  | Zip Code                            | Transaction ID: 13506666                       |
|             | Pikeville                                     | KY   | 41501-1689                          | Amount of Each Receipt this Period             |
|             | FEC ID number of contributing                 |  |                                     | 250.00   |
|             | federal political committee.                  | C  |                                     | 250.00   |
|             |   | 1  |                                     | _  |
|             | Name of Employer<br>Pikeville Medical Center  | Occupation                                       |                                     |  |
|             |   |  | ecutive Officer                     |  |
|             | Receipt For:                                  | Aggregate  | e Year-to-Date ▼                    |  |
|             | Primary General                               | ' '  | 250.00                              |  |
|             | Other (specify)                               |  |                                     | ]  |
|             |   |  |                                     |  |
| ь           | Full Name (Last, First, Middle Initial)       |  |                                     | Data of Danaint                                |
| В.          |   |  |                                     | Date of Receipt                                |
|             | Mailing Address 540 Jett Drive                |  |                                     | 12 07 2006                                     |
|             | City  | State  | Zip Code                            |  |
|             | •   |  | •                                   | Transaction ID: 13506667                       |
|             | Jackson                                       | KY   | 41339-9622                          | Amount of Each Receipt this Period             |
|             | FEC ID number of contributing                 | C  |                                     | 500.00   |
|             | federal political committee.                  |  |                                     |  |
|             | Name of Employer                              | Occupation                                       | า                                   |  |
|             | Kentucky River Medical Ce-<br>nter            | Chief Exe  | ecutive Officer                     |  |
|             | Receipt For:                                  | Aggregate  | Year-to-Date ▼                      |  |
|             | Primary General                               | 00 0   |                                     | 1  |
|             | Other (specify) ▼                             |  | 500.00                              |  |
|             |   |  |                                     | ·  |
| _           | Full Name (Last, First, Middle Initial)       |  |                                     |  |
| C.          | Mr. Paul J. DellaRocco                        |  |                                     | Date of Receipt                                |
|             | Mailing Address 30 Warren Street              |  |                                     | M M / D D / Y Y Y Y                            |
|             |   |  |                                     | 12 08 2006                                     |
|             | City  | State  | Zip Code                            | Transaction ID: 13506690                       |
|             | Boston  | MA   | 02135-3602                          | Amount of Each Receipt this Period             |
|             | FEC ID number of contributing                 |  |                                     | 500.00   |
|             | federal political committee.                  | C  |                                     | 300.00   |
|             | Name of Francisco                             | 0  |                                     | _  |
|             | Name of Employer<br>Franciscan Hospital for   | Occupation                                       |                                     |  |
|             | Children and R                                | President  |                                     | $\dashv$                                       |
|             | Receipt For:  Primary  General                | Aggregate  | Year-to-Date ▼                      |  |
|             | Primary General Other (specify) ▼             | ' '  | 500.00                              |  |
|             | Cities (Specify)                              |  |                                     | 1  |
|             |   |  |                                     |  |
| 1.          |   |  |                                     | 1250.00  |
| Ls          | UBTOTAL of Receipts This Page (optional)      |  | <u> </u>                            | 1200.00  |
|             |   |  | <u> </u>                            |  |

| S                    | CHEDULE A (FEC Form 3X)  |   | Llac concrete achadula(a)  | FOR LINE NUMBER: PAGE 30 / 228   |
|----------------------|--|---|--|--|
| ITEMIZED RECEIPTS    |  | Use separate schedule(s) or each category of the                            |  | (check only one)   |
| II LIMIZED RECEIP 13 |  |   | Detailed Summary Page  | X 11a 11b 11c 12   |
|                      |  |   |  | 13 14 15 16 17   |
| or                   | y information copied from such Reports and St<br>for commercial purposes, other than using the   | atements may<br>name and add  | r not be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions<br>o solicit contributions from such committee. |
| Λ                    | NAME OF COMMITTEE (In Full)  |   |  |  |
|                      | American Hospital Association PAC  |   |  |  |
| A.                   | Full Name (Last, First, Middle Initial) Ms. Jennifer D. Jackson  |   |  | Date of Receipt  |
|                      | Mailing Address 61 Hickory Lane  |   |  | 12 08 7 2006   |
|                      | City   | State   | Zip Code   | Transaction ID: 13506692   |
|                      | Madison  | CT  | 06443-1718   | Amount of Each Receipt this Period   |
|                      | FEC ID number of contributing federal political committee.   | C   |  | 1000.00  |
|                      | Name of Employer<br>Connecticut Hospital Asso-<br>ciation  | Occupation<br>President   | n<br>t and Chief Executive Office  | r  |
|                      | Receipt For:   | Aggregate   | Year-to-Date ▼   |  |
|                      | Primary General Other (specify) ▼  |   | 1000.00  |  |
| В.                   | Full Name (Last, First, Middle Initial)<br>Mr. Warren Tardy  |   |  | Date of Receipt  |
|                      | Mailing Address 310 25th Avenue North Suite 101  |   |  | 12 08 2006   |
|                      | City   | State   | Zip Code   | Transaction ID: 13506694   |
|                      | A 1 1 111  | T. I.   |  |  |
|                      | Nashville  | TN  | 37203-1515   | Amount of Each Receipt this Period   |
|                      | Nashville FEC ID number of contributing federal political committee.   | C   | 37203-1515   | Amount of Each Receipt this Period 250.00  |
|                      | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management  |   | 1  |  |
|                      | FEC ID number of contributing federal political committee.  Name of Employer   | Occupation<br>Consulta  | 1  |  |
|                      | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group  | Occupation<br>Consulta  | n<br>nt  |  |
|                      | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group Receipt For:  Primary General  | Occupation<br>Consulta  | n<br>nt<br>Year-to-Date ▼  |  |
|                      | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group Receipt For: Primary General Other (specify)   | Occupation<br>Consulta  | n<br>nt<br>Year-to-Date ▼  | 250.00   |
| <br>C.               | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Stephen A. Wolfe  Mailing Address 835 Hospital Road P.O. Box 788  City  | Occupation<br>Consulta<br>Aggregate   | n<br>nt<br>Year-to-Date ▼  | Date of Receipt  |
| C.                   | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Stephen A. Wolfe Mailing Address 835 Hospital Road P.O. Box 788  | Occupation<br>Consulta<br>Aggregate   | n<br>nt<br>Year-to-Date ▼<br>250.00                                      | Date of Receipt  1 2 1 1 2 2 0 0 6   |
| c.                   | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Stephen A. Wolfe  Mailing Address 835 Hospital Road P.O. Box 788  City  | Occupation<br>Consulta<br>Aggregate   | nnt<br>Year-to-Date ▼<br>250.00  | Date of Receipt    M   |
| <b>c</b> .           | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Stephen A. Wolfe Mailing Address 835 Hospital Road P.O. Box 788  City Indiana  FEC ID number of contributing   | C Occupation Consulta Aggregate State PA C                                  | nnt  Year-to-Date ▼  250.00  Zip Code  15701-3650                        | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |
| <br>c.               | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Stephen A. Wolfe Mailing Address 835 Hospital Road P.O. Box 788  City Indiana  FEC ID number of contributing federal political committee.  Name of Employer Indiana Regional Medical Center Receipt For:                 | C Occupation Consulta Aggregate State PA C Occupation President             | nnt  Year-to-Date ▼  250.00  Zip Code 15701-3650                         | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |
| C.                   | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Stephen A. Wolfe Mailing Address 835 Hospital Road P.O. Box 788  City Indiana  FEC ID number of contributing federal political committee.  Name of Employer Indiana Regional Medical Center                              | C Occupation Consulta Aggregate State PA C Occupation President             | Zip Code 15701-3650  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |
|                      | FEC ID number of contributing federal political committee.  Name of Employer Public Policy Management Group Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Stephen A. Wolfe Mailing Address 835 Hospital Road P.O. Box 788  City Indiana  FEC ID number of contributing federal political committee.  Name of Employer Indiana Regional Medical Center Receipt For: Primary General | C Occupation Consulta Aggregate  State PA  C Occupation President Aggregate | Zip Code 15701-3650  Zip Code 250.00  Zip Code 15701-3650                | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |

| S   | CHEDULE A (FEC Form 3X)  |                                      | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 31 / 228   |
|-----|--|--------------------------------------|---|--|
| IT  | EMIZED RECEIPTS  |                                      | or each category of the<br>Detailed Summary Page                    | (check only one)  X 11a 11b 11c 12  13 14 15 16 17                       |
| Ar  | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the n   | tements may<br>ame and add           | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions                            |
|     | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |                                      | ,,,   |  |
| Α.  | Full Name (Last, First, Middle Initial) Dr. Robert J Laskowski, , M.D.  Mailing Address P O Box 1668 |                                      |   | Date of Receipt  |
|     | City   | State                                | Zip Code  | 1 2 1 1 2 0 0 6 Transaction ID: 13509229                                 |
|     | Wilmington  FEC ID number of contributing federal political committee.                               | C                                    | 19899-1668  | Amount of Each Receipt this Period  1100.00                              |
|     | Name of Employer Christiana Care Health System Receipt For:  Primary  Other (specify) ▼              |                                      | t and Chief Executive Officer<br>Year-to-Date ▼<br>1100.00          |  |
| В.  | Full Name (Last, First, Middle Initial) Mr. Thomas Corrigan Mailing Address 200 Hygeia Drive         |                                      |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
|     | City   | State                                | Zip Code  | Transaction ID: 13509230   |
|     | Newark   | DE                                   | 19713-2049  | Amount of Each Receipt this Period                                       |
|     | FEC ID number of contributing federal political committee.   | C                                    |   | 250.00   |
|     | Name of Employer Christiana Care Health System Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼ |                                      | n<br>sident/Chief Financial Officer<br>Year-to-Date ▼<br>250.00     |  |
| c.  |  |                                      |   | Date of Receipt  |
|     | Mailing Address 20 River Run   |                                      |   | 12 11 2006   |
|     | City East Greenwich  | State<br>RI                          | Zip Code<br>02818-1502  | Transaction ID: 13509244  Amount of Each Receipt this Period             |
|     | FEC ID number of contributing federal political committee.   | C                                    |   | 500.00   |
|     | Name of Employer Hospital Association of Rhode Island Receipt For: Primary General Other (specify)   | Occupation<br>President<br>Aggregate |   |  |
| Г   | SUBTOTAL of Receipts This Page (optional)  |                                      |   | 1850.00  |
| I T | OTAL This Period (last page this line number or  | nlv)                                 | <b>L</b>  |  |

| 21                       | CHEDIII E A (EEC Form 3Y)   |             |  | FOR LINE NUMBER:             | PAGE 32 / 228                                 |
|--------------------------|---|-------------|--|------------------------------|---|
| SCHEDULE A (FEC Form 3X) |   |             | Use separate schedule(s)                         | (check only one)             |   |
| IT                       | EMIZED RECEIPTS   |             | or each category of the<br>Detailed Summary Page | X 11a 11b                    | 11c   12                                      |
|                          |   |             | Detailed Summary Fage                            | 13 14                        | 15 16 17                                      |
| An                       | y information copied from such Reports and Sta                    | tements may | not be sold or used by any perso                 | on for the purpose of solici | tina contributions                            |
| or                       | for commercial purposes, other than using the n                   | ame and add | dress of any political committee to              | solicit contributions from   | such committee.                               |
| $\overline{\ }$          | NAME OF COMMITTEE (In Full)                                       |             |  |                              |   |
| $\rangle$                | American Hospital Association PAC                                 |             |  |                              |   |
| _                        | Full Name (Last First Middle Initial)                             |             |  |                              |   |
| ۹.                       | Full Name (Last, First, Middle Initial) Mr. Robert A. Malson      |             |  | Date of Receipt              |   |
|                          | Mailing Address 1850 Redwood Terrace,                             | NW          |  | M M / D D                    | / <b>Y                                   </b> |
|                          | o roco ricameca rorrace,  |             |  | 12 12                        | 2006  |
|                          | City  | State       | Zip Code   | Transaction ID: 13           | 512097  |
|                          | Washington  | DC          | 20012-1023                                       | Amount of Each Re            |   |
|                          | FEC ID number of contributing                                     |             |  |                              | 500.00  |
|                          | federal political committee.                                      | C           |  |                              | 500.00  |
|                          | Name of Employer<br>District of Columbia Hosp-                    | Occupation  | 1  | 7                            |   |
|                          | ital Associat   | President   | t & Chief Executive Officer                      |                              |   |
|                          | Receipt For:  | Aggregate   | e Year-to-Date ▼                                 |                              |   |
|                          | Primary General   | 1 1         | 500.00   | 1                            |   |
|                          | Other (specify)   |             | 500.00   |                              |   |
|                          |   |             |  |                              |   |
| 2                        | Full Name (Last, First, Middle Initial) Mr. Daniel McInerney, Jr. |             |  | Date of Receipt              |   |
| ٠.                       | Mailing Address 150 South Fifth Street                            |             |  | M M / D D                    | / <b>Y</b>                                    |
|                          | Suite 2300  | 12 11       | 2006   |                              |   |
|                          | City  | State       | Zip Code   | Transaction ID: 13           | 512330  |
|                          | Minneapolis   | MN          | 55402-4200                                       | Amount of Each Re            |   |
|                          | FEC ID number of contributing                                     |             |  |                              | 105.00  |
|                          | federal political committee.                                      | C           |  |                              | 125.00  |
|                          | Name of Employer  | Occupation  | 2  |                              |   |
|                          | Name of Employer<br>Leonard, Street & Deinard,                    |             | ealth Law Department                             |                              |   |
|                          | PA Receipt For:   |             | Year-to-Date ▼                                   |                              |   |
|                          | Primary General   | 199.19      |  | 1                            |   |
|                          | Other (specify)   |             | 395.00   |                              |   |
|                          |   |             |  |                              |   |
| •                        | Full Name (Last, First, Middle Initial)<br>Mr. James F Hanko      |             |  | Date of Receipt              |   |
| ٠.                       | Mailing Address 1300 Anne Street NW                               |             |  | M M / D D                    | / <b>Y Y Y Y Y</b>                            |
|                          |   |             |  | 12 11                        | 2006  |
|                          | City  | State       | Zip Code   | Transaction ID: 13           | 512345  |
|                          | Bemidji   | MN          | 56601-5103                                       | Amount of Each Re            | ceipt this Period                             |
|                          | FEC ID number of contributing                                     | С           |  |                              | 45.45   |
|                          | federal political committee.                                      |             |  |                              | 10.10   |
|                          | Name of Employer  | Occupation  | 1  | $\dashv$                     |   |
|                          | North Country Regional Ho-<br>spital                              |             | t and Chief Executive Officer                    |                              |   |
|                          | Receipt For:  |             | Year-to-Date ▼                                   | 7                            |   |
|                          | Primary General   |             |  | 1                            |   |
|                          | Other (specify) ▼   |             | 891.21   |                              |   |
|                          |   |             |  |                              |   |
|                          |   |             |  |                              | 670.45  |
| S                        | UBTOTAL of Receipts This Page (optional)                          |             | <u> </u>   |                              | 070.73  |
| _                        | OTAL This Paried (last page this line asset)                      | also)       |  |                              |   |
| - 1                      | OTAL This Period (last page this line number or                   | пу)         | <b>P</b>   |                              |   |

| S                 | CHEDULE A (FEC Form 3X)  |                         | Use separate schedule(s)            | FOR LINE NU          |             | PAGE 33 / 228            |
|-------------------|--|-------------------------|-------------------------------------|----------------------|-------------|--------------------------|
| ITEMIZED RECEIPTS |  |                         | or each category of the             | (check only on       | · —         | 🗖                        |
| •                 |  |                         | Detailed Summary Page               | X 11a 13             |             | 11c   12<br>15   16   17 |
| Δn                | ny information copied from such Reports and Stat   | ements may              | not be sold or used by any perso    |                      |             |                          |
| or                | ny information copied from such Reports and Stat<br>for commercial purposes, other than using the na | ame and add             | dress of any political committee to | solicit contribution | ons from su | ch committee.            |
| $\overline{\ }$   | NAME OF COMMITTEE (In Full)  |                         |                                     |                      |             |                          |
| $\rangle$         | American Hospital Association PAC  |                         |                                     |                      |             |                          |
| ۸.                | Full Name (Last, First, Middle Initial) Mr. Carl W Bailey  |                         |                                     | Date of Re           | eceipt      |                          |
|                   | Mailing Address P O Box 818  |                         | 7: 0 1                              | 12                   | 13          | 2006                     |
|                   | City   | State                   | Zip Code                            | Transactio           |             |                          |
|                   | Florence   | AL                      | 35631-0818                          | Amount of            | ⊨ach Rece   | eipt this Period         |
|                   | FEC ID number of contributing federal political committee.   | C                       |                                     |                      | 1 1         | 526.00                   |
|                   | Name of Employer<br>Eliza Coffee Memorial Hos-<br>pital  | Occupation<br>President | n<br>t and Chief Executive Officer  |                      |             |                          |
|                   | Receipt For:   | Aggregate               | e Year-to-Date ▼                    |                      |             |                          |
|                   | Primary General Other (specify) ▼  | 0 0                     | 526.00                              |                      |             |                          |
| —<br>3.           | Full Name (Last, First, Middle Initial) Mr. Allen P Fletcher   |                         |                                     | Date of Re           | ocaint      |                          |
| ٠.                | Mailing Address P O Box 2208   |                         |                                     | M M /                | 1 3         | 2006                     |
|                   | City   | State                   | Zip Code                            | Transactio           |             |                          |
|                   | Anniston   | AL                      | 36202-2208                          |                      |             | eipt this Period         |
|                   | FEC ID number of contributing federal political committee.   | C                       |                                     |                      |             | 500.00                   |
|                   | Name of Employer<br>Northeast Alabama Regional<br>Medical Cen  | Occupation<br>President | n<br>t and Chief Executive Officer  |                      |             |                          |
|                   | Receipt For:   | Aggregate               | e Year-to-Date ▼                    | 1                    |             |                          |
|                   | Primary General Other (specify) ▼  | 0 0                     | 500.00                              |                      |             |                          |
| <br>C.            | Full Name (Last, First, Middle Initial) Mr. Sammy Watson   |                         |                                     | Date of Re           | eceipt      |                          |
|                   | Mailing Address 809 University Boulevard   | I E.                    |                                     | M M /                | 13          | 2006                     |
|                   | City   | State                   | Zip Code                            | Transactio           |             |                          |
|                   | Tuscaloosa   | AL                      | 35401-2071                          |                      |             | ipt this Period          |
|                   | FEC ID number of contributing federal political committee.   | C                       |                                     |                      |             | 420.00                   |
|                   | Name of Employer<br>DCH Health System  | Occupation Director,    | n<br>Community Relations            |                      |             |                          |
|                   | Receipt For:   |                         | e Year-to-Date ▼                    | 1                    |             |                          |
|                   | Primary General Other (specify) ▼  |                         | 420.00                              |                      |             |                          |
| s                 | UBTOTAL of Receipts This Page (optional)   |                         |                                     |                      |             | 1446.00                  |
|                   |  |                         |                                     |                      |             |                          |
| T                 | OTAL This Period (last page this line number on  | ly)                     | <b>&gt;</b>                         |                      |             |                          |

| S   | CHEDULE A (FEC Form 3X)   |  | Use separate schedule(s)               | FOR LINE NUMBER:             | PAGE 34 / 228                                 |
|---|---|--|--|------------------------------|---|
| ITEMIZED RECEIPTS                                     |   |  | or each category of the                | (check only one)             | , —   |
| II EIVILZED NECEIP I 3                                |   |  | Detailed Summary Page                  | X 11a 11b                    | 11c 12  |
|   |   |  |  | 13 14                        | 15 16 17                                      |
| Ar  | ly information copied from such Reports and St<br>for commercial purposes, other than using the | atements may   | not be sold or used by any perso       | n for the purpose of solicit | ing contributions                             |
| Or  |   | name and add   | aress of any political committee to    | SOlicit Contributions from s | ach committee.                                |
|   | NAME OF COMMITTEE (In Full)   |  |  |                              |   |
| 17  | American Hospital Association PAC   |  |  |                              |   |
| <u></u>   | Full Name (Last, First, Middle Initial)   |  |  | <u> </u>                     |   |
| Α.  | Ms. A. Elizabeth Anderson   |  |  | Date of Receipt              |   |
|   | Mailing Address 6600 Apple Cross Drive  | e North  |  | M M / D D                    | / <b>Y Y Y Y</b>                              |
|   | 5 0000 / (pp.10 01000 2.11)   | 5 1 10 1111  |  | 12 13                        | 2006  |
|   | City  | State  | Zip Code                               | Transaction ID: 13           | 515323  |
|   | Mobile  | AL   | 36695-2900                             | Amount of Each Red           | ceipt this Period                             |
|   | FEC ID number of contributing   |  |  |                              | 1 1 1 1                                       |
|   | federal political committee.  | C  |  |                              | 320.00  |
|   | V (5 )  | 10 "   |  | _                            |   |
|   | Name of Employer<br>USA Children's and Women's  | Occupation   |  |                              |   |
|   | Hospital  | Administ   |  | _                            |   |
|   | Receipt For:  Primary  General  | Aggregate  | e Year-to-Date ▼                       |                              |   |
|   | Other (specify)   |  | 320.00                                 |                              |   |
|   | Curici (Speelity)   |  |  |                              |   |
| _   | Full Name (Last, First, Middle Initial)   |  |  |                              |   |
| В.  |   |  |  | Date of Receipt              |   |
|   | Mailing Address 161 Lila Lane   |  |  | M M / D D                    | / <b>Y                                   </b> |
|   |   |  |  | 12 11                        | 2006  |
|   | City  | State  | Zip Code                               | Transaction ID: 13           | 515689  |
|   | Boones Mill   | VA   | 24065-3749                             | Amount of Each Red           | ceipt this Period                             |
|   | FEC ID number of contributing   | С  |  |                              | 250.00  |
|   | federal political committee.  |  |  |                              | 200.00  |
|   | Name of Employer  | Occupation   | n                                      | -                            |   |
|   | Name of Employer<br>Carilion Health System  | Vice Pres  |  |                              |   |
|   | Receipt For:  |  | e Year-to-Date ▼                       |                              |   |
|   | Primary General   | 00 0   |  | 1                            |   |
|   | Other (specify) ▼   |  | 250.00                                 |                              |   |
|   |   |  |  | '                            |   |
| _   | Full Name (Last, First, Middle Initial)   |  |  |                              |   |
| C.  | Mr. J. Kevin Renan  |  |  | Date of Receipt              |   |
|   | Mailing Address 11502 Culpeper Court  |  |  | 1 2 1 1                      | 2006  |
|   | City  | State  | Zip Code                               | Transaction ID: 13           |   |
|   | Spotsylvania  | VA   | 22553-4671                             | Amount of Each Red           |   |
|   | •   | V/\  | 22330 407 1                            | Amount of Lacri Net          | Jeipt triis renou                             |
| Name of Employer Medicorp Health System  Receipt For: |   | C  |  |                              | 250.00  |
|   |   |  |  |                              |   |
|   |   | Occupation   |  |                              |   |
|   |   |  | ce President                           |                              |   |
|   |   | Aggregate  | e Year-to-Date ▼                       |                              |   |
| Primary General                                       |   |  | 250.00                                 |                              |   |
|   | Other (specify)   |  |  |                              |   |
|   |   |  |  |                              |   |
|   | IIDTOTAL of Docainto This Dane (auticus II)   |  | -                                      |                              | 820.00  |
| $\vdash$  | UBTOTAL of Receipts This Page (optional)  |  | ······                                 |                              |   |
| _   | OTAL This Period (last page this line number of   | anly)  |  |                              |   |
|   |   | ٠٠ ۱۱ <b>y</b> / ٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠ | ······································ |                              |   |

| SCHEDULE A (FEC Form 3X)  |             |  | FOR LINE NUMBER: PAGE 35 / 228                 |
|---|-------------|--|--|
|   |             | Use separate schedule(s)                         | (check only one)                               |
| ITEMIZED RECEIPTS   |             | or each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                               |
|   |             | Detailed Guillinary Fage                         | 13 14 15 16 17                                 |
| Any information copied from such Reports and Sta                | tements may | not be sold or used by any perso                 | on for the purpose of soliciting contributions |
| or for commercial purposes, other than using the n              | ame and add | dress of any political committee to              | solicit contributions from such committee.     |
| NAME OF COMMITTEE (In Full)                                     |             |  |  |
| American Hospital Association PAC                               |             |  |  |
| Full Name (Last, First, Middle Initial)                         |             |  |  |
| Ms. Barbara Kane  |             |  | Date of Receipt                                |
| Mailing Address 7102 Massaponax Chur                            | ch          |  | M M / D D / Y Y Y Y                            |
| 011   | 0           | 7' 0 1   | 12 11 2006                                     |
| City  | State       | Zip Code   | Transaction ID: 13515700                       |
| <u>Spotsylvania</u>   | VA          | 22553-2228                                       | Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.      | C           |  | 250.00   |
| Name of Employer<br>Mary Washington Hospital                    | Occupation  |  |  |
|   | 1           | ce President                                     |  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                                   |  |
| Primary General Other (specify) ▼                               | _ ' '       | 250.00   |  |
| Other (specify)   | 0 0         | 0 0 0 0 0 0 0                                    |  |
| Full Name (Last, First, Middle Initial)  3. Mr. M. Frank Heisey |             |  | Date of Receipt                                |
| Mailing Address 238 Fairway Circle                              |             |  | M M / D D / Y Y Y Y                            |
| Maining Address 250 Fairway Officie                             | 12 11 2006  |  |  |
| City  | State       | Zip Code   | Transaction ID: 13515702                       |
| Cross Junction  | VA          | 22625-2018                                       | Amount of Each Receipt this Period             |
| FEC ID number of contributing                                   |             |  | 250.00   |
| federal political committee.                                    | C           |  | 250.00   |
| Name of Employer  | Occupation  | <u> </u>   | _  |
| Valley Health System  | Executive   |  |  |
| Receipt For:  |             | Year-to-Date ▼                                   |  |
| Primary General   | 33 -3       |  | 1  |
| Other (specify) ▼   | 1           | 250.00   |  |
|   |             |  |  |
| Full Name (Last, First, Middle Initial)  5. Ms. Nancy Merritt   |             |  | Date of Receipt                                |
| Mailing Address 118 Corral Drive                                |             |  | M M / D D / Y Y Y Y                            |
|   |             |  | 12 11 2006                                     |
| City  | State       | Zip Code   | Transaction ID: 13515718                       |
| Stephens City   | VA          | 22655-4809                                       | Amount of Each Receipt this Period             |
| FEC ID number of contributing                                   | С           |  | 250.00   |
| federal political committee.                                    |             |  | 200.00   |
| Name of Employer  | Occupation  | 1  | 7  |
| Valley Health Sýstem  | Director    |  |  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                                   |  |
| Primary General   |             | 250.00   | 1  |
| Other (specify)   | 0 0         | 250.00   |  |
|   |             |  |  |
| SUBTOTAL of Receipts This Page (optional)                       |             |  | 750.00   |
| JOBIOTAL of necepts Trils Page (optional)                       |             |  |  |
| TOTAL This Period (last page this line number or                | nly)        |  |  |

|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |              | Use separate schedule(s) or each category of the Detailed Summary Page      | FOR LINE NUMBER: PAGE 36 / 228 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                        |
|-------------------|---|--------------|---|---|
| Ar<br>or          | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the i  | atements may | up on the sold or used by any person<br>dress of any political committee to | on for the purpose of soliciting contributions  |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |              |   |   |
| <b>A.</b>         | Full Name (Last, First, Middle Initial)  Ms. Colleen Cohen  Mailing Address 10205 Conn Avenue  City Falls Church  FEC ID number of contributing federal political committee.  Name of Employer Inova Fairfax Hospital  Receipt For:  Primary General Other (specify)    |              | Zip Code<br>20895<br>n<br>ulatory Childrens Services<br>e Year-to-Date ▼    | Date of Receipt    M M M  |
| 3.                | Full Name (Last, First, Middle Initial)  Ms. Karen Drenkard  Mailing Address 2990 Telestar Court  City Falls Church  FEC ID number of contributing federal political committee.  Name of Employer Inova Health System  Receipt For:  Primary General Other (specify)    |              | Zip Code 22042-1207  n rse Executive e Year-to-Date ▼ 250.00                | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| <b>5.</b>         | Full Name (Last, First, Middle Initial) Mr. William H. Flannagan, Jr.  Mailing Address 3131 Rivanna Court  City Woodbridge  FEC ID number of contributing federal political committee.  Name of Employer Potomac Hospital  Receipt For: Primary General Other (specify) |              | Zip Code 22192-3373  n e Vice President e Year-to-Date ▼ 250.00             | Date of Receipt  M M J D D J 2006  Transaction ID: 13515725  Amount of Each Receipt this Period  250.00 |
| s                 | UBTOTAL of Receipts This Page (optional)  |              |   | 750.00  |
| T                 | OTAL This Period (last page this line number o  | nlv)         |   |   |

| 21       | CHEDULE A (FEC Form 3X)                                      |             |                                     | FOR LINE NUMBER: PAGE 37 / 22              | 28   |
|----------|--|-------------|-------------------------------------|--|------|
|          | -  |             | Use separate schedule(s)            | (check only one)                           |      |
| IT       | EMIZED RECEIPTS  |             | or each category of the             | X 11a 11b 11c 12                           |      |
|          |  |             | Detailed Summary Page               | 13 14 15 16                                | ☐ 17 |
| Δr       | y information copied from such Reports and Sta               | tomonte may | y not be sold or used by any perso  |  |      |
| or       | for commercial purposes, other than using the n              | ame and add | dress of any political committee to | solicit contributions from such committee. |      |
| _        | NAME OF COMMITTEE (In Full)                                  |             |                                     |  |      |
| /        | • • •  |             |                                     |  |      |
| /        | American Hospital Association PAC                            |             |                                     |  |      |
| _        | Full Name (Last First Middle Initial)                        |             |                                     |  |      |
| Δ        | Full Name (Last, First, Middle Initial) Ms. Jean M. Brereton |             |                                     | Date of Receipt                            |      |
| ٠.       | Mailing Address 106 Cahill Drive                             |             |                                     | <del>-</del>                               | V    |
|          | Maining Address 106 Carilli Drive                            |             |                                     | 12 11 2006                                 |      |
|          | City   | State       | Zip Code                            | Transaction ID: 13515730                   |      |
|          | Alexandria   | VA          | ·                                   |  |      |
|          | Alexanuna  | VA          | 22304-6445                          | Amount of Each Receipt this Period         |      |
|          | FEC ID number of contributing                                | С           |                                     | 250.00                                     | 0    |
|          | federal political committee.                                 | <u> </u>    |                                     |  |      |
|          | Name of Employer   | Occupation  | า                                   |  |      |
|          | Name of Employer<br>Inova Health System                      | Executive   |                                     |  |      |
|          | Receipt For:   |             | Year-to-Date ▼                      | -  |      |
|          |  | Aggregate   | rear-to-Date V                      |  |      |
|          |  | ' '         | 250.00                              |  |      |
|          | Other (specify) ▼  |             |                                     |  |      |
|          |  |             |                                     |  |      |
| 5        | Full Name (Last, First, Middle Initial)                      |             |                                     | Data of Bassist                            |      |
| э.       | Ms. Sharon Zrioka  |             |                                     | Date of Receipt                            |      |
|          | Mailing Address 5109 Wyndham Rose C                          | ove         |                                     | 12 11 2006                                 |      |
|          | <u> </u>   |             |                                     |  | )    |
|          | City   | State       | Zip Code                            | Transaction ID: 13515734                   |      |
|          | Centreville  | VA          | 20120-4138                          | Amount of Each Receipt this Period         |      |
|          | FEC ID number of contributing                                |             |                                     | 250.0                                      | 0    |
|          | federal political committee.                                 | C           |                                     | 250.00                                     | o l  |
|          | N (F )   | I 0 .:      |                                     | _  |      |
|          | Name of Employer<br>Inova Health System                      | Occupation  | ٦                                   |  |      |
|          |  | Director    |                                     |  |      |
|          | Receipt For:   | Aggregate   | e Year-to-Date ▼                    |  |      |
|          | Primary General  |             | 250.00                              |  |      |
|          | Other (specify) ▼  |             | 250.00                              |  |      |
|          |  |             |                                     |  |      |
|          | Full Name (Last, First, Middle Initial)                      |             |                                     |  |      |
| j.       | Ms. Kay Hix  |             |                                     | Date of Receipt                            |      |
|          | Mailing Address 2784 Lakeview Rd.                            |             |                                     | M M / D D / Y Y Y                          |      |
|          |  |             |                                     | 12 11 2006                                 | )    |
|          | City   | State       | Zip Code                            | Transaction ID: 13515736                   |      |
|          | Troutville   | VA          | 24175-2750                          | Amount of Each Receipt this Period         |      |
|          | FEC ID number of contributing                                |             |                                     | 250.0                                      | 0    |
|          | federal political committee.                                 | C           |                                     | 250.00                                     | 0    |
|          | V (5.1   |             |                                     |  |      |
|          | Name of Employer<br>Carilion Health System                   | Occupation  |                                     |  |      |
|          |  |             | Director                            | _  |      |
|          | Receipt For:   | Aggregate   | e Year-to-Date ▼                    |  |      |
|          | Primary General  |             | 250.00                              | 1  |      |
|          | Other (specify)  |             | 250.00                              |  |      |
|          |  |             |                                     |  |      |
|          |  |             |                                     |  |      |
| s        | UBTOTAL of Receipts This Page (optional)                     |             |                                     | 750.00                                     | 0    |
| _        | ago (optional)   |             |                                     | -  | -    |
| <b>T</b> | OTAL This Period (last page this line number or              | nly)        | <b>L</b>                            |  |      |
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| 21 | CHEDULE A (FEC Form 3X)                                  |             |  | FOR LINE NUMBER                              | R: PAGE 38 / 228    |
|----|--|-------------|--|--|---------------------|
|    |  |             | Use separate schedule(s)               | (check only one)                             |                     |
| ΙT | EMIZED RECEIPTS  |             | or each category of the                | X 11a 11b                                    | ☐ 11c ☐ 12          |
|    |  |             | Detailed Summary Page                  | 13 14  | 15   16   17        |
| Δn | y information copied from such Reports and Stat          | omente may  | , not be sold or used by any perso     |  |                     |
| or | for commercial purposes, other than using the na         | ame and add | dress of any political committee to    | solicit contributions fro                    | om such committee.  |
| _  | NAME OF COMMITTEE (In Full)                              |             |  |  |                     |
| /  | • • •  |             |  |  |                     |
| /  | American Hospital Association PAC                        |             |  |  |                     |
|    | Full Name (Last First Middle Initial)                    |             |  |  |                     |
| ۸  | Full Name (Last, First, Middle Initial) Mr. James Turner |             |  | Date of Receipt                              |                     |
| ٦. |  |             |  | <u> </u>                                     |                     |
|    | Mailing Address PO Box 2140                              |             |  |  | 1 2006              |
|    | City   | State       | Zip Code                               |  |                     |
|    |  |             | '                                      | Transaction ID:                              |                     |
|    | Roanoke  | VA          | 24009-2140                             | Amount of Each                               | Receipt this Period |
|    | FEC ID number of contributing                            | С           |  |  | 250.00              |
|    | federal political committee.                             |             |  |  | 200.00              |
|    | Name of Family as  | 0           |  | _  |                     |
|    | Name of Employer<br>Carilion Health System               | Occupation  |  |  |                     |
|    | ·  |             | n and CEO                              | _  |                     |
|    | Receipt For:   | Aggregate   | e Year-to-Date ▼                       |  |                     |
|    | Primary General  | · ·         | 250.00                                 |  |                     |
|    | Other (specify)  |             | 230.00                                 |  |                     |
|    |  |             |  |  |                     |
|    | Full Name (Last, First, Middle Initial)                  |             |  |  |                     |
| 3. | Mr. W. Scott Burnette                                    |             |  | Date of Receipt                              |                     |
|    | Mailing Address P O Box 90                               |             |  |  | D / Y Y Y Y         |
|    |  |             |  |  | 1 2006              |
|    | City   | State       | Zip Code                               | Transaction ID:                              | 13515745            |
|    | South Hill   | VA          | 23970-0090                             | Amount of Each                               | Receipt this Period |
|    | FEC ID number of contributing                            |             |  |  | 050.00              |
|    | federal political committee.                             | C           |  |  | 250.00              |
|    |  |             |  |  |                     |
|    | Name of Employer<br>Community Memorial Health-           | Occupation  |  |  |                     |
|    | center   | President   | t and Chief Executive Officer          | <u>,                                    </u> |                     |
|    | Receipt For:   | Aggregate   | e Year-to-Date ▼                       |  |                     |
|    | Primary General  |             | 050.00                                 | 1  |                     |
|    | Other (specify) ▼  |             | 250.00                                 |  |                     |
|    |  |             |  |  |                     |
|    | Full Name (Last, First, Middle Initial)                  |             |  |  |                     |
| Э. | Dr J Thomas Ryan, , M.D.                                 |             |  | Date of Receipt                              |                     |
|    | Mailing Address 1001 Sam Perry Bouleva                   | ard         |  |  | D / Y Y Y Y         |
|    |  |             |  |  | 1 2006              |
|    | City   | State       | Zip Code                               | Transaction ID:                              | 13515747            |
|    | Fredericksburg   | VA          | 22401-3354                             | Amount of Each                               | Receipt this Period |
|    | FEC ID number of contributing                            |             |  | 1 1 1  |                     |
|    | federal political committee.                             | C           |  |  | 250.00              |
|    |  |             |  |  |                     |
|    | Name of Employer   | Occupation  |  |  |                     |
|    | Mary Washington Hospital                                 | Executive   | e Vice President Medical Affa          | ai   |                     |
|    | Receipt For:   | Aggregate   | e Year-to-Date ▼                       |  |                     |
|    | Primary General  |             |  | 1  |                     |
|    | Other (specify) ▼  |             | 250.00                                 |  |                     |
|    |  |             |  | 1  |                     |
|    |  |             |  |  |                     |
| s  | UBTOTAL of Receipts This Page (optional)                 |             |  | . L  | 750.00              |
| _  | ago (optional)   |             |  | -  |                     |
| T  | OTAL This Period (last page this line number on          | lv)         |  |  |                     |
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| S                 | CHEDULE A (FEC Form 3X)  |   | Llas separata ashadula(a)                           | FOR LINE NUMBER: PAGE 39 / 228     |
|-------------------|--|---|---|------------------------------------|
| ITEMIZED RECEIPTS |  |   | Use separate schedule(s)<br>or each category of the | (check only one)                   |
| •••               | EWIZED RECEIP 13   |   | Detailed Summary Page                               | X 11a 11b 11c 12                   |
|                   |  |   |   | 13 14 15 16 17                     |
| or                | y information copied from such Reports and S for commercial purposes, other than using the | on for the purpose of soliciting contributions o solicit contributions from such committee. |   |                                    |
| $\setminus$       | NAME OF COMMITTEE (In Full)  |   |   |                                    |
|                   | American Hospital Association PAC  |   |   |                                    |
| A.                | Full Name (Last, First, Middle Initial) Mr. Carl Biggs                                     |   |   | Date of Receipt                    |
|                   | Mailing Address 2225 Aryness Drive   |   |   | 12 11 2006                         |
|                   | City   | State   | Zip Code  | Transaction ID: 13515752           |
|                   | Vienna   | VA  | 22181-3047  | Amount of Each Receipt this Period |
|                   | FEC ID number of contributing federal political committee.                                 | C   |   | 250.00                             |
|                   | Name of Employer<br>Inova Health System  | Occupation<br>Trustee   | ١   |                                    |
|                   | Receipt For:   |   | Year-to-Date ▼                                      |                                    |
|                   | Primary General  |   | 250.00  | 1                                  |
|                   | Other (specify) ▼  |   | 250.00  |                                    |
| В.                | Full Name (Last, First, Middle Initial)<br>Mr. Marcus G Kuhn                               |   |   | Date of Receipt                    |
|                   | Mailing Address 200 Hospital Drive   |   |   | 12 11 2006                         |
|                   | City   | State   | Zip Code  | Transaction ID: 13515754           |
|                   | Galax  | VA  | 24333-2283  | Amount of Each Receipt this Period |
|                   | FEC ID number of contributing federal political committee.                                 | C   |   | 187.50                             |
|                   | Name of Employer<br>Twin County Regional Hosp-<br>ital                                     | Occupation<br>President   | n<br>and Chief Executive Office                     | r                                  |
|                   | Receipt For:   | Aggregate   | Year-to-Date ▼                                      |                                    |
|                   | Primary General  |   | 250.00  | 7                                  |
|                   | Other (specify) ▼  |   | 230.00  |                                    |
| C.                | Full Name (Last, First, Middle Initial)<br>Mr. David P. Lavins                             |   |   | Date of Receipt                    |
|                   | Mailing Address 10 Fox Chase Road  |   |   | 12 15 2006                         |
|                   | City   | State   | Zip Code  | Transaction ID: 13516785           |
|                   | Malvern  | PA  | 19355-3441  | Amount of Each Receipt this Period |
|                   | FEC ID number of contributing federal political committee.                                 | C   |   | 395.00                             |
|                   | Name of Employer<br>New Jersey Hospital Assoc-   | Occupation  | n<br>ancial Officer                                 |                                    |
| lation            |  |   | Year-to-Date <b>V</b>                               | $\dashv$                           |
|                   | Primary General  | 7 1991 09410  | 1 1 1 1 1 1 1                                       | 7                                  |
|                   | Other (specify) ▼  |   | 880.00  |                                    |
| s                 | UBTOTAL of Receipts This Page (optional)   |   |   | 832.50                             |
|                   |  |   | <b>'</b>  |                                    |
| T                 | OTAL This Period (last page this line number   | only)   |   |                                    |

| SCHEDIII                      | E A (EEC Form 3Y)                    |               |  | FOR LINE NUME         | BER: PAGE 40 / 228     |
|-------------------------------|--------------------------------------|---------------|--|-----------------------|------------------------|
|                               |                                      |               | Use separate schedule(s)                         | (check only one)      |                        |
| ITEMIZED                      | RECEIPTS                             |               | or each category of the<br>Detailed Summary Page | X 11a 11              | b                      |
|                               |                                      |               | Detailed Summary Page                            | 13 14                 |                        |
| Any information               | copied from such Reports and Sta     | atements may  | y not be sold or used by any perso               |                       |                        |
| or for commercia              | al purposes, other than using the    | name and add  | dress of any political committee to              | solicit contributions | from such committee.   |
| NAME OF C                     | OMMITTEE (In Full)                   |               |  |                       |                        |
| \                             | Hospital Association PAC             |               |  |                       |                        |
| Americani                     | nospital Association i Ao            |               |  |                       |                        |
| Full Name (I                  | ast, First, Middle Initial)          |               |  |                       |                        |
| A. Ms. Linda A S              | ,                                    |               |  | Date of Receip        | ot                     |
| Mailing Addr                  | ess 2 Centre Plaza                   |               |  |                       | D / Y Y Y Y            |
| · ·                           | _ 0001a_a                            |               |  | 1 2                   | 15 2006                |
| City                          |                                      | State         | Zip Code   | Transaction II        | D: 13516808            |
| Tinton Fall                   | s                                    | NJ            | 07724-9744                                       |                       | ch Receipt this Period |
| FEC ID num                    | ber of contributing                  |               |  |                       | · · · · · · ·          |
|                               | cal committee.                       | C             |  |                       | 250.00                 |
|                               |                                      |               |  |                       |                        |
| Name of Em<br>Rehabilitation  | ployer                               | Occupation    | 1  |                       |                        |
| of Tinton Fal                 |                                      | Administ      | rator and Chief Executive Of                     | fi                    |                        |
| Receipt For:                  |                                      | Aggregate     | Year-to-Date ▼                                   |                       |                        |
| Primar                        | ,                                    |               | 500.00   | 1                     |                        |
| Other (                       | (specify) ▼                          |               | 500.00   |                       |                        |
|                               |                                      |               |  |                       |                        |
|                               | ast, First, Middle Initial)          |               |  |                       |                        |
| Ms. Belinda E                 | <u> </u>                             |               |  | Date of Receip        | ot                     |
| Mailing Addr                  | ess 121 Clear Creek Road             |               |  | M M / D               |                        |
|                               |                                      |               |  | 12                    | 15 2006                |
| City                          |                                      | State         | Zip Code   | Transaction II        | D: 13516825            |
| <u>Langhorne</u>              |                                      | PA            | 19047-2306                                       | Amount of Eac         | ch Receipt this Period |
|                               | ber of contributing                  | С             |  |                       | 25.00                  |
| federal politic               | cal committee.                       |               |  |                       |                        |
| Name of Em                    | nlover                               | Occupation    | <u> </u>   | -                     |                        |
| New Jersey                    | ployer<br>Hospital Assoc-            |               | sident, Human Resources                          |                       |                        |
| <u>iation</u><br>Receipt For: |                                      |               | Year-to-Date ▼                                   | -                     |                        |
| Primar                        |                                      | 7.99.094.0    | Tour to Date V                                   | 1                     |                        |
|                               | (specify) ▼                          |               | 260.00   |                       |                        |
|                               | , ,                                  |               |  | 1                     |                        |
| Full Name (I                  | ast, First, Middle Initial)          |               |  |                       |                        |
| C. Mr. John J. D.             | ,                                    |               |  | Date of Receip        | ot                     |
| Mailing Addr                  | ess 17 Brookshire Drive              |               |  | M M / D               |                        |
|                               |                                      |               |  | 12                    | 15 2006                |
| City                          |                                      | State         | Zip Code   | Transaction II        | <b>D:</b> 13516826     |
| Robbinsvil                    | le                                   | NJ            | 08691-2554                                       | Amount of Eac         | ch Receipt this Period |
| FEC ID num                    | ber of contributing                  | С             |  |                       | 25.00                  |
| federal politic               | cal committee.                       |               |  |                       | 20.00                  |
| Name of Em                    | nlovor                               | Occupation    |  | 4                     |                        |
| New Jersey                    | Hospital Assoc-                      |               | sident & General Manager                         |                       |                        |
| <u>iation</u><br>Receipt For: | ı                                    | -1            | Year-to-Date <b>V</b>                            |                       |                        |
| Primar                        |                                      | Ayyıeyale     | Toal-to-Date ▼                                   |                       |                        |
|                               | y General<br>(specify) ▼             | ' '           | 260.00   |                       |                        |
|                               | (CPCC")) <b>\</b>                    | 0 0           | 0 0 0 0 0 0 0                                    | 1                     |                        |
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|                      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                            | Use separate schedule(s) or each category of the                          | FOR LINE NUMBER: PAGE 41 / 228 (check only one)   |
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| •                    | LIMIZED RECEIL 13  |                            | Detailed Summary Page   | X   11a   11b   11c   12<br>  13   14   15   16   17                                      |
| An<br>or             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n  | tements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                      |                            |   |   |
| ۹.                   | Full Name (Last, First, Middle Initial) Ms. Theresa L. Edelstein Mailing Address 27 Harvest Lane   |                            |   | Date of Receipt  1 2  |
|                      | City<br>Livingston   | State<br>NJ                | Zip Code<br>07039-2750  | Transaction ID: 13516827  Amount of Each Receipt this Period                              |
|                      | FEC ID number of contributing federal political committee.   | C                          | 07033-2730  | 45.00   |
|                      | Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify)      |                            | n<br>sident Continuing Care Servi<br>e Year-to-Date ▼<br>260.00           | ce  |
| 3.                   | Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain Re | oad                        |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                  |
|                      | City   | State                      | Zip Code  | Transaction ID: 13516830  |
|                      | New Hope   | PA                         | 18938-5760  | Amount of Each Receipt this Period  |
|                      | FEC ID number of contributing federal political committee.   | C                          |   | 65.83   |
|                      | Name of Employer<br>New Jersey Hospital Assoc-<br>iation   | <u> </u>                   | Health Economics  |   |
|                      | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>385.01  |   |
| <b>)</b> .           | Full Name (Last, First, Middle Initial)<br>Mr. Peter A. Kelly                                      |                            |   | Date of Receipt   |
|                      | Mailing Address 1 Old Farm Lane  |                            |   | 12 15 2006  |
|                      | City Old Greenwich   | State<br>CT                | Zip Code<br>06870-1021  | Transaction ID: 13516833  |
|                      | FEC ID number of contributing federal political committee.   | C                          | 00070-1021  | Amount of Each Receipt this Period  125.00  |
|                      | Name of Employer<br>Christ Hospital  | Occupation                 | n   |   |
|                      | Receipt For: Primary General Other (specify)   | Aggregate                  | e Year-to-Date ▼<br>225.00  |   |
| s                    | UBTOTAL of Receipts This Page (optional)   |                            |   | 235.83  |
| T                    | OTAL This Period (last page this line number or  | nlv)                       |   |   |

| Use separate schedule(s) or each category of the Detailed Summary Page (check only one)    X   11a   11b   11c   12   12   12   13c   14c   14c | 0                        | CHEDIII E A (EEC Form 2V)                       |              |   | FOR LINE NUMBER: PAGE 42 / 228             |
|---|--------------------------|---|--------------|---|--|
| Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Belle Mead NJ 08502-4306 FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association Belle Mead NJ 08502-4306 FEC ID number of contributing federal political committee.  C 270.00  Date of Receipt Transaction ID: 13516920 Amount of Each Receipt his Period FEC ID number of contributing federal political committee.  C 270.00  Date of Receipt  Transaction ID: 13516920  Amount of Each Receipt his Period FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: 13516920  Transaction ID: 13516920  Transaction ID: 13516960  Amount of Each Receipt his Period  FEC ID number of contributing federal political committee.  C 270.00  Date of Receipt  Transaction ID: 13516960  Amount of Each Receipt his Period  FEC ID number of contributing federal political committee.  C 250.00  Date of Receipt  Transaction ID: 13516960  Amount of Each Receipt his Period  FEC ID number of contributing federal political committee.  C 250.00  Date of Receipt  Transaction ID: 13517005  Amount of Each Receipt his Period  FEC ID number of contributing federal political committee.  C 250.00  Date of Receipt  Transaction ID: 13517005  Amount of Each Receipt his Period  FEC ID number of contributing federal political committee.  C 250.00  Date of Receipt  Transaction ID: 13517005  Amount of Each Receipt his Period  FEC ID number of contributing federal political committee.  C 250.00  Date of Receipt  Transaction ID: 13517005  Amount of Each Receipt his Period  FEC ID number of contributing federal political committee.  C 250.00  | SCHEDULE A (FEC Form 3X) |   |              |   |  |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Ms. Valerie S. Kantrowitz  Maling Address 82 Millers Grove Road  City  Belle Mead  NJ 08502 4306  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Perimany  General  Other (specify) ▼  State  C.  State  Zip Code  NJ 07728-4020  Freshold  Freshold  Firehold  Full Name (Last, First, Middle Initial)  B. Ms. Alica J. Cuttler  Maling Address 20 Wildflower Court  City  State  Zip Code  Transaction ID: 13516960  Amount of Each Receipt Firehold  Freshold  Freshold  Freshold  Freshold  Firehold  Firehold  Firehold  C.  Miname (Last, First, Middle Initial)  C.  State  Zip Code  Aggregate Year-to-Date  Freshold  Freshold  Firehold  F | ΙT                       | EMIZED RECEIPTS                                 |              | 0 ,   | X 11a  11b  11c  12                        |
| Apy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commending purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Full)   |                          |   |              | Detailed Summary Page                         |  |
| NAME OF COMMITTEE (in Full)   American Hospital Association PAC   | Δr                       | ny information copied from such Reports and Sta | atemente may | y not be sold or used by any perso            |  |
| American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Ms. Valene'S Kantrowitz  Mailing Address 82 Millers Grove Road  City  Belle Mead  NJ  08502-4306  FEC ID number of contributing rederal political committee.  Name of Employer Central State  Primary General Other (specify) ▼  State Zip Code  NJ  08502-4306  FEC ID number of contributing rederal political committee.  Name of Employer State  Primary General Other (specify) ▼  Date of Receipt  Name (Last, First, Middle Initial)  B. Ms. Alice J. Guttler  Mailing Address 20 Wildflower Court  City  State Zip Code  NJ  07728-4920  FEC ID number of contributing rederal political committee.  Name of Employer Senior Vice President and Corporate Contributing rederal political committee.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Fec ID number of contributing rederal political committee.  Name of Employer Senior Vice President and Corporate Contributing rederal political committee.  Fec ID number of contributing rederal political committee.  Fell Name (Last, First, Middle Initial)  C. Mr. Ronald J. Czajkowski  Mailing Address Vijk Blvd  Apt 42A  State Zip Code  NJ  07728-4920  Fereindal NJ  07728 | or                       | for commercial purposes, other than using the r | name and add | lress of any political committee to           | solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial)  A. Ms. Valerie S. Kantrowitz  Mailing Address 82 Millers Grove Road  City  Belle Mead  NJ 08502-4306  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Alloy J. Guttler  Primary General Other (specify) ▼  State Zip Code NJ 07728-4020  FEC ID number of contributing federal political committee.  City  State Zip Code NJ 07728-4020  FEC ID number of contributing federal political committee.  Name of Employer Centributile Healthcare System General Other (specify) ▼  State Zip Code NJ 07728-4020  FEC ID number of contributing federal political committee.  Name of Employer Centributile Healthcare System General Other (specify) ▼  State Zip Code NJ 07728-4020  FEC ID number of contributing federal political committee.  Name of Employer Centributile Healthcare System General Other (specify) ▼  State Zip Code NJ 07728-4020  Full Name (Last, First, Middle Initial)  C. Mr. Ronald J. Czajkowski Maling Address 1 JFK Blvd Apgregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Mr. Ronald J. Czajkowski Maling Address 1 JFK Blvd Apgregate Year-to-Date ▼  Primary General Other (specify) ▼  Cocupation Cocupati | $\setminus$              | NAME OF COMMITTEE (In Full)                     |              |   |  |
| A. Mo. Valerie S. Karitovoitz  Mailing Address 82 Millers Grove Road  City Belle Mead NJ 08502-4306  FEC ID number of contributing foderal political committee.  C C Cupation Senior V.P., Health Planning & Researc Plant Mailing Address 20 Wildflower Court  City State Zip Code NJ 07728-4020  Freehold NJ 07728-4020  FEC ID number of contributing foderal Contributing foderal political committee.  City State Zip Code NJ 07728-4020  Freehold NJ 07728-4020  FEC ID number of contributing federal political committee.  City State Zip Code NJ 07728-4020  Freehold NJ 07728-4020  FEC ID number of contributing federal political committee.  C Cupation Senior Vice President and Corporate CentraState Healthcare System.  Receipt For:  Primary General Other (specify) ▼ 250.00  C Cupation Senior Vice President and Corporate CentraState Healthcare System.  Receipt For:  Primary General Other (specify) ▼ 250.00  C Cupation Senior Vice President and Corporate CentraState Healthcare System.  Receipt For:  Primary General Other (specify) ▼ 250.00  C Cupation Senior Vice President and Corporate CentraState Healthcare System.  Receipt For:  Primary General Other (specify) ▼ 250.00  C Cupation Vice President Aggregate Year-to-Date ▼ 250.00  C Cupation Vice President Vice Vice Vice Vice Vice Vice Vice Vice             | $\rangle$                | American Hospital Association PAC               |              |   |  |
| City Belle Mead NJ 08502-4306 FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ State Zip Code NJ 07728-4020  Feel ID number of contributing federal political committee.  Pull Name (Last, First, Middle Initial) B. Ms. Alice J. Guitler Mailing Address 20 Wildflower Court  City Freehold NJ 07728-4020 FEC ID number of contributing federal political committee.  Name of Employer CentraState Healthcare System Receipt For: Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) C. Mr. Ronald J. Czajkowski Mailing Address 1 JFK Blvd Apt 42A  City Somerset NJ 08873-1789 FEC ID number of contributing federal political committee.  C 1250.00  Date of Receipt Transaction ID: 13516960 Amount of Each Receipt this Period  Transaction ID: 13516960 Amount of Each Receipt this Period  Transaction ID: 13516960 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  Transaction ID: 13517005 Amount of Each Receipt this Period  | Α.                       | ,   |              |   | Date of Receipt                            |
| Belle Mead  NJ 08502-4306  FEC ID number of contributing rederal political committee.  Name of Employer New Jersey HoSpital Association  Peccept For:  Primary General Other (specify) ▼  State Zip Code  NJ 07728-4020  FEC ID number of contributing rederal political committee.  Name of Employer (Senior V.P., Health Planning & Research Senior V.P., Health Planning & Research Health Care V.P., Health Planning & Research Health Care V.P., Health  |                          | Mailing Address 82 Millers Grove Road           |              |   |  |
| Belle Mead  NJ 08502-4306  FEC ID number of contributing rederal political committee.  Name of Employer New Jersey HoSpital Association  Peccept For:  Primary General Other (specify) ▼  State Zip Code  NJ 07728-4020  FEC ID number of contributing rederal political committee.  Name of Employer (Senior V.P., Health Planning & Research Senior V.P., Health Planning & Research Health Care V.P., Health Planning & Research Health Care V.P., Health  |                          | City  | State        | Zip Code                                      | Transaction ID: 13516920                   |
| PEC ID number of contributing federal political committee.   C  |                          |   | NJ           | 08502-4306                                    |  |
| Serilot VF., health Friendling & Reselet Receipt For:    Primary   General   Aggregate Year-to-Date ▼   |                          |   | C            |   |  |
| B. Ms. Alice J. Guttler  Mailing Address 20 Wildflower Court  City State Zip Code Freehold NJ 07728-4020  FEC ID number of contributing federal political committee.  Name of Employer CentraState Healthcare System  C. Mr. Ronald J. Czajkowski  Mailing Address 1 JFK Blvd Apt 42A  City State Zip Code NJ 07728-4020  Amount of Each Receipt this Period  Ecupation Senior Vice President and Corporate Contributing federal political committee.  Date of Receipt  Transaction ID: 13516960  Amount of Each Receipt this Period  Ecupation Senior Vice President and Corporate Contributing federal political committee.  C. Mr. Ronald J. Czajkowski  Mailing Address 1 JFK Blvd Apt 42A  City State Zip Code NJ 08873-1789  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  C. Mr. Amount of Each Receipt this Period  Ecupation Vice President  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Ecupation Vice President  Aggregate Year-to-Date ▼   |                          | iation Receipt For: Primary General             | Senior V.    | P., Health Planning & Researce Year-to-Date ▼ | irc  |
| City State Zip Code Freehold NJ 07728-4020  FEC ID number of contributing federal political committee.  Name of Employer CentraState Healthcare System Receipt For: Primary General Other (specify) ▼  C. Mr. Ronald J. Czajkowski  Mailing Address 1 JFK Blvd Apt 42A  City Somerset NJ 08873-1789  FEC ID number of contributing federal political committee.  C. Mr. Ronald J. Czajkowski  Mailing Address 1 JFK Blvd Apt 42A  City Somerset NJ 08873-1789  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association Receipt For: Primary General Occupation Vice President  Aggregate Year-to-Date ▼  Cocupation Vice President  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Cocupation Vice President  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Cocupation Vice President  Aggregate Year-to-Date ▼  Cocupation Vice President  Aggregate Year-to-Date ▼  Cocupation Vice President  Aggregate Year-to-Date ▼  Cother (specify) ▼  Cocupation Vice President  Aggregate Year-to-Date ▼  Cocupation Vice President  Cocupation Vice Pr | —<br>В.                  | ,   |              |   | Date of Receipt                            |
| Freehold NJ 07728-4020  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer CentraState Healthcare System Receipt For: Primary General Other (specify) ▼  C. Mr. Ronald J. Czajkowski  Mailing Address 1 JFK Blvd Apt 42A  City Somerset  FEC ID number of contributing federal political committee.  NJ 08873-1789  PEC ID number of contributing federal political committee.  NJ 08873-1789  Coccupation  Date of Receipt  Transaction ID: 13517005  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13517005  Amount of Each Receipt this Period  Transaction ID: 13517005  Amount of Each Receipt this Period  Transaction ID: 13517005  Amount of Each Receipt this Period  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  250.00  |                          | Mailing Address 20 Wildflower Court             |              |   |  |
| Freehold  FEC ID number of contributing federal political committee.    NJ 07728-4020   |                          | City  | State        | Zip Code                                      | Transaction ID: 13516960                   |
| Name of Employer CentraState Healthcare System   Senior Vice President and Corporate ContraState Healthcare System   Senior Vice President   Se   |                          | Freehold  | NJ           | 07728-4020                                    |  |
| CentraState Healthcare System Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Mr. Ronald J. Czajkowski  Mailing Address 1 JFK Blvd Apt 42A  City State Zip Code NJ 08873-1789  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association. Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  M M M 1 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |                          |   | C            |   | 125.00                                     |
| Mailing Address 1 JFK Blvd Apt 42A  City Somerset  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association Receipt For: Primary Other (specify) ▼  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |                          | stem Receipt For: Primary General               | Senior Vi    | ce President and Corporate<br>Year-to-Date ▼  | Co   |
| Mailing Address 1 JFK Blvd Apt 42A  City Somerset NJ 08873-1789  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association Receipt For: Primary Other (specify) ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General G45 00  | <u> </u>                 |   |              |   | Date of Receipt                            |
| Somerset  Somerset  NJ  08873-1789  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary  Other (specify) ▼  State  Zip Code  NJ  08873-1789  Amount of Each Receipt this Period  250.00  Amount of Each Receipt this Period  250.00   |                          | Mailing Address 1 JFK Blvd                      |              |   | M M / D D / Y Y Y Y                        |
| Somerset  NJ 08873-1789  Amount of Each Receipt this Period  C  Somerset  NJ 08873-1789  Amount of Each Receipt this Period  250.00  C  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  250.00   |                          | •   | State        | Zip Code                                      | Transaction ID: 13517005                   |
| Receipt For:  Primary  Other (specify) ▼  Occupation  Vice President  Aggregate Year-to-Date ▼  250.00  Aggregate Year-to-Date ▼  |                          | Somerset  | NJ           | 08873-1789                                    |  |
| iation Receipt For: Primary Other (specify)   Aggregate Year-to-Date   250.00  645.00   |                          |   | C            |   | 250.00                                     |
| SUBTOTAL of Receipts This Page (optional) 645.00  |                          | iation Receipt For: Primary General             | Vice Pres    | ident<br>Year-to-Date ▼                       |  |
|   | s                        | UBTOTAL of Receipts This Page (optional)        |              |   | 645.00                                     |

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| SCHEDULE A (FEC Form 3X) |   |                         | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 43 / 228  |
| ITEMIZED RECEIPTS        |   | or each category of the |   | (check only one)  |
| II EMIZED RECEIP 13      |   |                         | Detailed Summary Page   | X 11a 11b 11c 12  |
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| Ar                       | ny information copied from such Reports and State<br>for commercial purposes, other than using the na | ements may              | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| abla                     | NAME OF COMMITTEE (In Full)   |                         |   |   |
| $\rangle$                | American Hospital Association PAC   |                         |   |   |
| Α.                       | Full Name (Last, First, Middle Initial)<br>Mr. Edward J. Dunn   |                         |   | Date of Receipt   |
|                          | Mailing Address 305 Hickory Lane  |                         |   | 12 15 2006  |
|                          | City  | State                   | Zip Code  | Transaction ID: 13517006  |
|                          | Haddonfield   | NJ                      | 08033-3813  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.  | C                       |   | 500.00  |
|                          | Name of Employer<br>Virtua Health   | Occupation Vice Pres    | n<br>sident Human Resources   |   |
|                          | Receipt For:  | Aggregate               | e Year-to-Date ▼  |   |
|                          | Primary General   |                         |   | 1   |
|                          | Other (specify)   | 0 0                     | 500.00  |   |
| В.                       | Full Name (Last, First, Middle Initial)<br>Mr. Guy P. Evans   |                         |   | Date of Receipt   |
|                          | Mailing Address 41 Manitto Place  |                         |   | 12 15 2006  |
|                          | City  | State                   | Zip Code  | Transaction ID: 13517010  |
|                          | Oceanport   | NJ                      | 07757-1510  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.  | C                       |   | 145.00  |
|                          | Name of Employer<br>New Jersey Hospital Assoc-  | Occupation Vice Pres    |   |   |
|                          | iation Receipt For:   |                         | e Year-to-Date ▼  |   |
|                          | Primary General   | 7199109410              | Toda to Bate V  | 1   |
|                          | Other (specify) ▼   | 0 0                     | 380.00  |   |
| <u> </u>                 | Full Name (Last, First, Middle Initial) Mr. Richard P Miller  |                         |   | Date of Receipt   |
|                          | Mailing Address 94 Brick Road, Suite 200  | )                       |   | 12 15 2006  |
|                          | City  | State                   | Zip Code  | Transaction ID: 13517012  |
|                          | Marlton   | NJ                      | 08053-2179  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.  | C                       |   | 750.00  |
|                          | Name of Employer<br>Virtua Health   | Occupation<br>President | n<br>t and Chief Executive Officer                                  |   |
|                          | Receipt For:  Primary General  Other (specify) ▼  | Aggregate               | e Year-to-Date ▼ 750.00   |   |
| s                        | UBTOTAL of Receipts This Page (optional)  |                         |   | 1395.00   |
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| SCHEDULE A (FEC Form 3X)  Use separate schedule(s)               |   |                         | FOR LINE NUMBER:                                    | PAGE 44 / 228               |                     |  |
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| 11   | EIMIZED NECEIP 13   |                         | Detailed Summary Page                               | X 11a 11b                   | ☐ 11c ☐ 12 ☐        |  |
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| Ar   | ly information copied from such Reports and St<br>for commercial purposes, other than using the | atements may            | not be sold or used by any perso                    | on for the purpose of solic | iting contributions |  |
| Or   |   | name and add            | aress of any political committee to                 | Solicit contributions from  | Such committee.     |  |
|  | NAME OF COMMITTEE (In Full)   |                         |   |                             |                     |  |
| 17   | American Hospital Association PAC   |                         |   |                             |                     |  |
| _  | Full Name (Last, First, Middle Initial)   |                         |   |                             |                     |  |
| Α.   | Ms. Melina Dee Perdue   |                         |   | Date of Receipt             |                     |  |
|  | Mailing Address 101 Elm Avenue SE   |                         |   | M M / D D                   | / <b>Y</b>          |  |
|  | 101 2 7.001.00 02   |                         |   | 12 11                       |                     |  |
|  | City  | State                   | Zip Code  | Transaction ID: 13          | 3517094             |  |
|  | Roanoke   | VA                      | 24013-2222  | Amount of Each Re           | eceipt this Period  |  |
|  | FEC ID number of contributing   |                         |   |                             | 050.00              |  |
|  | federal political committee.  | C                       |   |                             | 250.00              |  |
|  | Name of European  | 10                      |   | _                           |                     |  |
|  | Name of Employer<br>Carilion Health System  | Occupation              | n<br>ice President                                  |                             |                     |  |
|  |   |                         |   |                             |                     |  |
|  | Receipt For:  Primary  General  | Aggregate               | e Year-to-Date ▼                                    |                             |                     |  |
|  | Other (specify)   | ' '                     | 500.00  |                             |                     |  |
|  | Carici (Speelity)   |                         |   | 1                           |                     |  |
| _  | Full Name (Last, First, Middle Initial)   |                         |   |                             |                     |  |
| В.   |   |                         |   | Date of Receipt             |                     |  |
|  | Mailing Address 2208 Birnam Woods C   | ourt                    |   | M M / D D                   | / <b>Y</b>          |  |
|  |   |                         |   | 12 11                       | 2006                |  |
|  | City  | State                   | Zip Code  | Transaction ID: 13          | 3517096             |  |
|  | Midlothian  | VA                      | 23112-4148  | Amount of Each Re           | eceipt this Period  |  |
|  | FEC ID number of contributing   | C                       |   |                             | 250.00              |  |
|  | federal political committee.  |                         |   |                             | 200.00              |  |
|  | Name of Employer  | Occupation              | n   |                             |                     |  |
|  | Name of Employer<br>Medicorp Health System  | Vice Pres               |   |                             |                     |  |
|  | Receipt For:  |                         | e Year-to-Date ▼                                    |                             |                     |  |
|  | Primary General   | 00 0                    |   | 1                           |                     |  |
|  | Other (specify) ▼   | 1                       | 250.00  |                             |                     |  |
|  |   |                         |   | 1                           |                     |  |
|  | Full Name (Last, First, Middle Initial)   |                         |   |                             |                     |  |
| C.   | Mr. Maureen Moyer   |                         |   | Date of Receipt             |                     |  |
|  | Mailing Address 310 32nd Street South   |                         |   | 12 11                       | 2006                |  |
|  | City  | State                   | Zip Code  | Transaction ID: 13          |                     |  |
|  | Purcellville  | VA                      | 20132-3222  | Amount of Each Re           |                     |  |
|  |   | V/(                     | LOTOL GELL  | Amount of Laciffic          | ceipt triis i eriod |  |
|  | FEC ID number of contributing federal political committee.                                      | C                       |   |                             | 250.00              |  |
| Name of Employer lnova Health System Occu Dire  Receipt For: Agg |   |                         |   |                             |                     |  |
|  |   | Occupation              |   |                             |                     |  |
|  |   |                         | Corporate Finance                                   |                             |                     |  |
|  |   | Aggregate               | e Year-to-Date ▼                                    |                             |                     |  |
| Primary General  |   |                         | 250.00  |                             |                     |  |
| Other (specify) ▼  |   |                         |   | 1                           |                     |  |
|  |   |                         |   |                             |                     |  |
| _  | IIDTOTAL of Descipto This David (autism)  |                         | 750.00  |                             |                     |  |
| SUBTOTAL of Receipts This Page (optional)                        |   |                         |   |                             |                     |  |
| _  | OTAL This Pariod (last page this line number of   | anly)                   |   |                             |                     |  |
| 1 1  | OTAL This Period (last page this line number of   | יוווע (y) וווע (y) וווע | ·············                                       |                             |                     |  |

| SC            | CHEDULE A (FEC Form 3X)   |                            |   | FOR LINE NUMBER: PAGE 45 / 228  |        |
|---------------|---|----------------------------|---|---|--------|
|               |   |                            | Use separate schedule(s)<br>or each category of the                     | (check only one)  |        |
| 11            | EMIZED RECEIPTS   |                            | Detailed Summary Page   | X 11a 11b 11c 12  |        |
|               |   |                            | , ,   |   | 7      |
| An<br>or      | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |        |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                            |   |   | $\neg$ |
| $\rangle$     | American Hospital Association PAC   |                            |   |   |        |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Mr. Michael McDermott                                  |                            |   | Date of Receipt   |        |
|               | Mailing Address 213 Caroline Street   |                            |   | 12 11 2006  |        |
|               | City  | State                      | Zip Code  | Transaction ID: 13517112  |        |
|               | Fredericksburg  | VA                         | 22401-6009  | Amount of Each Receipt this Period  |        |
|               | FEC ID number of contributing federal political committee.  | C                          |   | 250.00  |        |
|               | Name of Employer<br>Mary Washington Hospital  | Occupation<br>Physician    |   |   |        |
|               | Receipt For:  | Aggregate                  | Year-to-Date ▼  |   |        |
|               | Primary General   |                            | 250.00  |   |        |
|               | Other (specify)   | 0 0                        | 230.00  |   |        |
| 3.            | Full Name (Last, First, Middle Initial) Ms. Shannon Sinclair                                      |                            |   | Date of Receipt   |        |
|               | Mailing Address 100 West Braddock Roa   | ad                         |   | 12 11 2006  |        |
|               | City  | State                      | Zip Code  | Transaction ID: 13517117  |        |
|               | Alexandria  | VA                         | 22301-2146  | Amount of Each Receipt this Period  |        |
|               | FEC ID number of contributing federal political committee.  | C                          |   | 250.00  |        |
|               | Name of Employer<br>Inova Health System   | Occupation Vice Pres       | n<br>sident/General Counsel   |   |        |
|               | Receipt For:  | Aggregate                  | Year-to-Date ▼  |   |        |
|               | Primary General   |                            | 250.00  | 1   |        |
|               | Other (specify) ▼   | 0 0                        | 0 0 0 0 0 0   |   |        |
| Э.            | Full Name (Last, First, Middle Initial)  Mr. Randall L Kelley                                     |                            |   | Date of Receipt   |        |
|               | Mailing Address P O Box 6000  |                            |   | 12 11 2006  |        |
|               | City  | State                      | Zip Code  | Transaction ID: 13517132  | _      |
|               | Leesburg  | VA                         | 20177-0600  | Amount of Each Receipt this Period  | -      |
|               | FEC ID number of contributing federal political committee.  | C                          |   | 250.00  |        |
|               | Name of Employer<br>Inova Loudoun Hospital  | Occupation<br>Senior Vi    | n<br>ce President and Chief Exec  | ut  |        |
|               | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |   |        |
|               | Primary General   |                            | 250.00  | 1   |        |
|               | Other (specify)   |                            | 230.00  |   |        |
| SI            | JBTOTAL of Receipts This Page (optional)  |                            |   | 750.00  |        |
| т             | OTAL This Period (last page this line number or   | ıly)                       | <b>)</b>  |   |        |

| SCHEDULE A (FEC Form 3X)  |                              | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 46 / 228   |
|---|------------------------------|--|--|
| ITEMIZED RECEIPTS   |                              | or each category of the  | (check only one)  X 11a  11b  11c  12  |
|   |                              | Detailed Summary Page  | 13 14 15 16 17   |
| Any information copied from such Reports and State or for commercial purposes, other than using the r | atements may<br>name and add | not be sold or used by any perso<br>ress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)   |                              |  |  |
| American Hospital Association PAC   |                              |  | _  |
| Full Name (Last, First, Middle Initial)  Ms. Adrienne Mckenna   |                              |  | Date of Receipt  |
| Mailing Address 106 Atoka Drive   |                              |  | 12 / 11 / 2006   |
| City  | State<br>VA                  | Zip Code   | Transaction ID: 13517163   |
| Winchester  FEC ID number of contributing federal political committee.                                | C                            | 22602-6804   | Amount of Each Receipt this Period  250.00   |
| Name of Employer<br>Valley Health System  | Occupation<br>Trustee        | 1  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | Year-to-Date ▼ 250.00  |  |
| Full Name (Last, First, Middle Initial)  3. Dr. David Levin, MD.                                      |                              |  | Date of Receipt  |
| Mailing Address 1476 Bridge Point Trail   | •                            |  |  |
| City<br>Suffolk   | State<br>VA                  | Zip Code   | Transaction ID: 13517167   |
| FEC ID number of contributing   |                              | 23432-1320   | Amount of Each Receipt this Period   |
| federal political committee.  | C                            |  | 250.00   |
| Name of Employer<br>Sentara Healthcare  | Occupation Vice Pres         | n<br>ident Medical Affairs   |  |
| Receipt For:  | Aggregate                    | Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 0 0                          | 250.00   |  |
| Full Name (Last, First, Middle Initial)  C. Mr Robert Broermann                                       |                              |  | Date of Receipt  |
| Mailing Address 6015 Poplar Hall Drive  |                              |  | 12 / 11 / 2006   |
| City  | State                        | Zip Code   | Transaction ID: 13517168   |
| Norfolk   | VA                           | 23502-3819   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C                            |  | 250.00   |
| Name of Employer<br>Sentara Healthcare  | Occupation Senior Vi         | n<br>ce President and Chief Finar                                      | nq   |
| Receipt For:  | Aggregate                    | Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 0 0                          | 250.00   |  |
| SUBTOTAL of Receipts This Page (optional)   |                              |  | 750.00   |
| TOTAL This Deviced //cet many this Program  | (د باص                       |  |  |
| <b>TOTAL</b> This Period (last page this line number o  | rııy)                        |  |  |

| S             | CHEDULE A (FEC Form 3X)  |                              |   | FOR LINE NUMBER: PAGE 47 / 228  |
|---------------|--|------------------------------|---|---|
|               |  |                              | Use separate schedule(s) or each category of the                          | (check only one)  |
| П             | EMIZED RECEIPTS  |                              | Detailed Summary Page   | X 11a 11b 11c 12  |
|               |  |                              | , 0   | 13 14 15 16 17  |
| An<br>or      | ly information copied from such Reports and Sta<br>for commercial purposes, other than using the n | itements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full)  |                              |   |   |
| $\rangle$     | American Hospital Association PAC  |                              |   |   |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Ms. Eileen Dohmann                                      |                              |   | Date of Receipt   |
|               | Mailing Address 6508 Flowerdew Hundre  |                              |   | 12 11 7 2006  |
|               | City   | State                        | Zip Code  | Transaction ID: 13517170  |
|               | Centreville  | VA                           | 20120-3755  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.   | C                            |   | 250.00  |
|               | Name of Employer<br>Mary Washington Hospital   | Occupation Vice Pres         | n<br>sident, Nursing  |   |
|               | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |   |
|               | Primary General  |                              | 250.00  | 1   |
|               | Other (specify) ▼  | 0 0                          | 250.00  |   |
| 3.            | Full Name (Last, First, Middle Initial)<br>Mr. Kevin C Martin                                      |                              |   | Date of Receipt   |
|               | Mailing Address 630 East River Street  |                              |   | 12 14 2006  |
|               | City   | State                        | Zip Code  | Transaction ID: 13517813  |
|               | <u>Elyria</u>  | OH                           | 44035-5902  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.   | С                            |   | 300.00  |
|               | Name of Employer<br>EMH Regional Medical Cent-<br>er   | Occupation<br>President      | n<br>t and Chief Executive Office   |   |
|               | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |   |
|               | Primary General Other (specify) ▼  |                              | 300.00  |   |
|               |  |                              |   |   |
| Э.            | Full Name (Last, First, Middle Initial) Mr. Michael D Connelly                                     |                              |   | Date of Receipt   |
|               | Mailing Address 615 Elsinore Place   |                              |   | 12 14 2006  |
|               | City   | State                        | Zip Code  | Transaction ID: 13517814  |
|               | Cincinnati   | OH                           | 45202-1459  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.   | C                            |   | 250.00  |
|               | Name of Employer<br>Catholic Healthcare Partn-   | Occupation                   | n<br>t and Chief Executive Office   |   |
|               | ers<br>Receipt For:  | 1                            | e Year-to-Date  | $\dashv$  |
|               | Primary General  | , iggi ogaic                 |   | 1   |
|               | Other (specify) ▼  |                              | 250.00  |   |
| s             | UBTOTAL of Receipts This Page (optional)   |                              |   | 800.00  |
| _             |  |                              | <u>`</u>  |   |
| T             | OTAL This Period (last page this line number or  | nly)                         |   |   |

| 91                                | CHEDIII E A /EEC Form 2V)                       |              |                                     | FOR LINE NUMBER: PAGE 48 / 228               |
|-----------------------------------|---|--------------|-------------------------------------|--|
| SCHEDULE A (FEC Form 3X)          |   |              | Use separate schedule(s)            | (check only one)                             |
| ITEMIZED RECEIPTS                 |   |              | or each category of the             | X 11a  11b  11c  12                          |
|                                   |   |              | Detailed Summary Page               | 13 14 15 16 17                               |
| Δr                                | y information copied from such Reports and St   | atements may | y not he sold or used by any ners   |  |
| or                                | for commercial purposes, other than using the   | name and add | dress of any political committee to | o solicit contributions from such committee. |
|                                   | NAME OF COMMITTEE (In Full)                     |              |                                     |  |
| $  \rangle$                       | American Hospital Association PAC               |              |                                     |  |
|                                   | •   |              |                                     |  |
| •                                 | Full Name (Last, First, Middle Initial)         |              |                                     |  |
| A.                                | Dr Joseph Grennan, , M.D.                       |              |                                     | Date of Receipt                              |
|                                   | Mailing Address P O Box 1790                    |              |                                     | 12 14 2006                                   |
|                                   | <u></u>   |              | 7: 0 1                              |  |
|                                   | City  | State        | Zip Code                            | Transaction ID: 13517815                     |
|                                   | Youngstown                                      | OH           | 44501-1790                          | Amount of Each Receipt this Period           |
|                                   | FEC ID number of contributing                   | С            |                                     | 250.00                                       |
|                                   | federal political committee.                    | 0            |                                     |  |
|                                   | Name of Employer                                | Occupation   | า                                   | <del></del>                                  |
|                                   | Name of Employer<br>St. Elizabeth Health Cent-  |              | ce President and Chief Med          | dica   |
|                                   | er<br>Receipt For:                              |              | Year-to-Date ▼                      |  |
|                                   | Primary General                                 | 1.99.19      | <del></del>                         |  |
|                                   | Other (specify) ▼                               |              | 250.00                              |  |
|                                   |   |              |                                     | _  |
|                                   | Full Name (Last, First, Middle Initial)         |              |                                     |  |
| В.                                | Mr. David Jimenez                               |              |                                     | Date of Receipt                              |
|                                   | Mailing Address 615 Elsinore Place              |              |                                     | M M / D D / Y Y Y Y                          |
|                                   |   |              |                                     | 12 14 2006                                   |
|                                   | City  | State        | Zip Code                            | Transaction ID: 13517816                     |
|                                   | Cincinnati                                      | OH           | 45202-1459                          | Amount of Each Receipt this Period           |
|                                   | FEC ID number of contributing                   | C            |                                     | 250.00                                       |
|                                   | federal political committee.                    | <u> </u>     |                                     | 200.00                                       |
|                                   | Name of Employer _                              | Occupation   | า                                   |  |
|                                   | Catholic Healthcare Partn-                      |              | ·<br>e Vice President               |  |
|                                   | ers Receipt For:                                |              | Year-to-Date ▼                      |  |
|                                   | Primary General                                 | 7.99.094.0   | 1 1 1 1 1 1 1                       |  |
|                                   | Other (specify) ▼                               |              | 250.00                              |  |
|                                   |   |              |                                     | -  |
| _                                 | Full Name (Last, First, Middle Initial)         |              |                                     |  |
| C.                                | Mr. James P Reber                               |              |                                     | Date of Receipt                              |
|                                   | Mailing Address 730 West Market Street          | t            |                                     | M M / D D / Y Y Y Y                          |
|                                   | -   |              |                                     | 12 14 2006                                   |
|                                   | City  | State        | Zip Code                            | Transaction ID: 13517817                     |
|                                   | <u>Lima</u>                                     | OH           | 45801-4670                          | Amount of Each Receipt this Period           |
|                                   | FEC ID number of contributing                   | С            |                                     | 250.00                                       |
|                                   | federal political committee.                    | 0            |                                     |  |
|                                   | Name of Employer_                               | Occupation   | <u> </u>                            | 7  |
| St. Rita's Medical Center Preside |   |              | and Chief Executive Office          | er   |
|                                   |   |              | e Year-to-Date ▼                    |  |
|                                   |   |              |                                     |  |
|                                   |   |              | 250.00                              |  |
|                                   |   |              |                                     |  |
|                                   |   |              |                                     |  |
| s                                 | UBTOTAL of Receipts This Page (optional)        | 750.00       |                                     |  |
| $\vdash$                          | ,   |              | <u>'</u>                            | _  |
| T                                 | OTAL This Period (last page this line number of | only)        |                                     |  |

| S           | CHEDULE A (FEC Form 3X)   |  | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 49 / 228   |  |  |
|-------------|---|--|---|--|--|--|
| ıT          | EMIZED RECEIPTS   | or each category of the  Detailed Summary Page |   | (check only one)   |  |  |
| Ш           | EIVIIZED RECEIP 13  |  |   | X 11a 11b 11c 12   |  |  |
|             |   |  | ., .,   | 13 14 15 16 17   |  |  |
| Ar          | ny information copied from such Reports and St<br>for commercial purposes, other than using the | atements may                                   | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |  |   |  |  |  |
| $ \rangle$  | American Hospital Association PAC   |  |   |  |  |  |
| Α.          | Full Name (Last, First, Middle Initial)<br>Mr. Robert W Shroder                                 |  |   | Date of Receipt  |  |  |
|             | Mailing Address 667 Eastland Avenue S   | 12 14 2006                                     |   |  |  |  |
|             | City  | State  | Zip Code  | Transaction ID: 13517818   |  |  |
|             | Warren  | OH   | 44484-4503  | Amount of Each Receipt this Period   |  |  |
|             | FEC ID number of contributing federal political committee.                                      | C  |   | 250.00   |  |  |
|             | Name of Employer<br>St. Joseph Health Center  | Occupation Presiden                            | n<br>t and Chief Executive Officer                                  |  |  |  |
|             | Receipt For:  | Aggregate                                      | e Year-to-Date ▼  |  |  |  |
|             | Primary General   | ' '  | 250.00  |  |  |  |
|             | Other (specify) ▼   | 0 0  | 230.00  |  |  |  |
| В.          | Full Name (Last, First, Middle Initial)<br>Mr. Matthew D. Williams                              |  |   | Date of Receipt  |  |  |
|             | Mailing Address 615 Elsinore Place  |  | 1 2 1 4 2 0 0 6   |  |  |  |
|             | City  | State  | Zip Code  | Transaction ID: 13517819   |  |  |
|             | Cincinnati  | ОН   | 45202-1459  | Amount of Each Receipt this Period   |  |  |
|             | FEC ID number of contributing   |  |   |  |  |  |
|             | federal political committee.  | C  |   | 250.00   |  |  |
|             | Name of Employer<br>Catholic Healthcare Partn-<br>ers   | Occupation VP, Advo                            | n<br>ocacy and Government Relat                                     | ions   |  |  |
|             | Receipt For:  | Aggregate                                      | e Year-to-Date ▼  |  |  |  |
|             | Primary General   | 1 1  |   | 1  |  |  |
|             | Other (specify) ▼   | 0 0  | 250.00  |  |  |  |
| <u> </u>    | Full Name (Last, First, Middle Initial) Mr. Edward A Eckenhoff                                  |  |   | Date of Receipt  |  |  |
|             | Mailing Address 102 Irving Street NW  |  |   | 12 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |
|             | City  | State  | Zip Code  | Transaction ID: 13519317   |  |  |
|             | Washington  | DC   | 20010-2949  | Amount of Each Receipt this Period   |  |  |
|             | FEC ID number of contributing federal political committee.                                      | C  |   | 500.00   |  |  |
|             | Name of Employer<br>National Rehabilitation<br>Hospital   | Occupation<br>Presiden                         | n<br>t and Chief Executive Officer                                  |  |  |  |
|             | Receipt For:  |  | e Year-to-Date ▼  | 7  |  |  |
|             | Primary General   | -50  |   | ı İ  |  |  |
|             | Other (specify) ▼   | 0 0  | 500.00  |  |  |  |
| [           | UBTOTAL of Receipts This Page (optional)  |  |   | 1000.00  |  |  |
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| S           | CHEDULE A (FEC Form 3X)   |                              | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 50 / 228  |  |  |
|-------------|---|------------------------------|---|---|--|--|
|             | EMIZED RECEIPTS   | or each category of the      |   | (check only one)  |  |  |
| •••         | EIVIIZED RECEIP 13  | Detailed Summary Page        |   | X 11a 11b 11c 12  |  |  |
| _           |   |                              |   | 13 14 15 16 17  |  |  |
| Ar<br>or    | ly information copied from such Reports and St<br>for commercial purposes, other than using the | atements may<br>name and add | not be sold or used by any personders of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |                              |   |   |  |  |
|             | American Hospital Association PAC   |                              |   |   |  |  |
| A.          |   |                              |   | Date of Receipt   |  |  |
|             | Mailing Address 1024 South Lemay Ave  | enue                         |   | 12 15 2006  |  |  |
|             | City  | State                        | Zip Code  | Transaction ID: 13521213  |  |  |
|             | Fort Collins  | CO                           | 80524-3998  | Amount of Each Receipt this Period  |  |  |
|             | FEC ID number of contributing federal political committee.                                      | C                            |   | 250.00  |  |  |
|             | Name of Employer<br>Poudre Valley Hospital  | Occupation<br>Chief Fin      | n<br>ancial Officer   |   |  |  |
|             | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |  |  |
|             | Primary General   |                              | 250.00  | 1   |  |  |
|             | Other (specify)   | 0 0                          | 250.00  |   |  |  |
| В.          | Full Name (Last, First, Middle Initial) Dr. Molly J. Coye, MD                                   |                              |   | Date of Receipt   |  |  |
|             | Mailing Address 236 elsie st  |                              |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |
|             | City  | State                        | Zip Code  | Transaction ID: 13523430  |  |  |
|             | San Francisco   | CA                           | 94110-5508  | Amount of Each Receipt this Period  |  |  |
|             | FEC ID number of contributing   |                              | 0.1.10 0000   |   |  |  |
|             | federal political committee.  | C                            |   | 250.00  |  |  |
|             | Name of Employer<br>Health Technology Center-   | Occupation                   | n   |   |  |  |
|             | San Francisco   | 1                            | ecutive Officer   |   |  |  |
|             | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |  |  |
|             | Primary General   |                              | 250.00  | 1   |  |  |
|             | Other (specify) ▼   |                              | 0 0 0 0 0 0 0   |   |  |  |
| C.          | Full Name (Last, First, Middle Initial) Dr Rolf W Knoll, , M.D.                                 |                              |   | Date of Receipt   |  |  |
|             | Mailing Address 114 Woodland Street   |                              |   | 12 15 2006  |  |  |
|             | City  | State                        | Zip Code  | Transaction ID: 13525599  |  |  |
|             | Hartford  | CT                           | 06105-1208  | Amount of Each Receipt this Period  |  |  |
|             | FEC ID number of contributing federal political committee.                                      | C                            |   | 250.00  |  |  |
|             | Name of Employer  | Occupation                   | n   |   |  |  |
|             | Saint Francis Hospital and Medical Cen  | Senior Vi                    | ce President Medical Affairs  | <u>;                                    </u>  |  |  |
|             | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |  |  |
|             | Primary General   |                              | 250.00  | 1   |  |  |
|             | Other (specify) ▼   | 0 0                          | 200.00  | 1   |  |  |
| s           | UBTOTAL of Receipts This Page (optional)  |                              |   | 750.00  |  |  |
| $\vdash$    | · · · · · · · · · · · · · · · · · · ·   |                              |   |   |  |  |
| Ιт          | OTAL This Period (last page this line number of   | only)                        |   |   |  |  |

| 21              | CHEDULE A (FEC Form 3X)  |                          |  | FOR LINE NUMBER: PAGE 51 / 228                 |
|-----------------|--|--------------------------|--|--|
|                 |  | Use separate schedule(s) |  | (check only one)                               |
| IT              | EMIZED RECEIPTS  |                          | or each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                               |
|                 |  |                          | Detailed Guillinary Fage                         | 13 14 15 16 17                                 |
| An              | y information copied from such Reports and Sta                 | tements may              | not be sold or used by any perso                 | on for the purpose of soliciting contributions |
| or              | for commercial purposes, other than using the r                | ame and add              | dress of any political committee to              | solicit contributions from such committee.     |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)                                    |                          |  |  |
| $\rangle$       | American Hospital Association PAC                              |                          |  |  |
| ۹.              | Full Name (Last, First, Middle Initial) Dr Amit K Mody, , M.D. |                          |  | Date of Receipt                                |
|                 | Mailing Address 114 Woodland Street                            |                          |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
|                 | City   | State                    | Zip Code   | Transaction ID: 13525600                       |
|                 | Hartford   | CT                       | 06105-1208                                       | Amount of Each Receipt this Period             |
|                 | FEC ID number of contributing                                  | -                        |  |  |
|                 | federal political committee.                                   | C                        |  | 250.00   |
|                 | Name of Employer<br>Saint Francis Care, Inc.                   | Occupation<br>Executive  | n<br>e Vice President and Chief C                | DDe  |
|                 | Receipt For:   |                          | e Year-to-Date ▼                                 | <del>'</del>                                   |
|                 | Primary General  |                          |  | 1  |
|                 | Other (specify) ▼  |                          | 250.00   |  |
| <br>3.          | Full Name (Last, First, Middle Initial) Ms. Kathleen Roche     |                          |  | Date of Receipt                                |
|                 | Mailing Address 114 Woodland Street                            |                          |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
|                 | City   | State                    | Zip Code   |  |
|                 | Hartford   | CT                       | •  | Transaction ID: 13525601                       |
|                 |  | CI                       | 06105-1208                                       | Amount of Each Receipt this Period             |
|                 | FEC ID number of contributing federal political committee.     | C                        |  | 250.00   |
|                 | Name of Employer<br>Saint Francis Hospital and                 | Occupation               |  |  |
|                 | Medical Cen  |                          | ce President                                     |  |
|                 | Receipt For:   | Aggregate                | e Year-to-Date ▼                                 |  |
|                 | Primary General Other (specify) ▼                              |                          | 250.00   |  |
|                 | Full Name (Last, First, Middle Initial)                        |                          |  |  |
| Э.              | Mr Steven Rosenberg  |                          |  | Date of Receipt                                |
|                 | Mailing Address 114 Woodland Street                            |                          |  | 1 2 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y    |
|                 | City   | State                    | Zip Code   | Transaction ID: 13525602                       |
|                 | Hartford   | CT                       | 06105-1208                                       | Amount of Each Receipt this Period             |
|                 | FEC ID number of contributing                                  |                          |  | 050.00   |
|                 | federal political committee.                                   | C                        |  | 250.00   |
|                 | Name of Employer<br>Saint Francis Hospital and                 | Occupation               |  |  |
|                 | Medical Cen  | Senior Vi                | ce President and Chief Fina                      | nd   |
|                 | Receipt For:   | Aggregate                | e Year-to-Date ▼                                 |  |
|                 | Primary General  |                          | 250.00   | 1  |
|                 | Other (specify) ▼  |                          | 250.00   |  |
| s               | UBTOTAL of Receipts This Page (optional)                       |                          |  | 750.00   |
|                 | . 5 (1)  |                          |  |  |
| T               | OTAL This Period (last page this line number o                 | nlv)                     |  |  |

| S                                     | CHEDULE A (FEC Form 3X)  |             | Use separate schedule(s)                        | FOR LINE NUMBER: PAGE 52 / 228                    |
|---------------------------------------|--|-------------|---|---|
|                                       | TEMIZED RECEIPTS   |             | or each category of the                         | (check only one)                                  |
| • •                                   |  |             | Detailed Summary Page                           | X   11a   11b   11c   12   13   14   15   16   17 |
| An                                    | ny information copied from such Reports and State                  | ements may  | not be sold or used by any perso                | n for the purpose of soliciting contributions     |
| or                                    | for commercial purposes, other than using the na                   | me and add  | dress of any political committee to             | solicit contributions from such committee.        |
| \                                     | NAME OF COMMITTEE (In Full)  |             |   |   |
| /                                     | American Hospital Association PAC                                  |             |   |   |
| ۹.                                    | Full Name (Last, First, Middle Initial) Mr. Donald Straceski       |             |   | Data of Receipt                                   |
| ٦.                                    | Mailing Address 114 Woodland Street                                |             |   | Date of Receipt                                   |
|                                       |  |             |   | 12 15 2006  |
|                                       | City<br>Hartford   | State<br>CT | Zip Code<br>06105-1208                          | Transaction ID: 13525603                          |
|                                       |  |             | 00103-1200                                      | Amount of Each Receipt this Period                |
|                                       | FEC ID number of contributing federal political committee.         | C           |   | 250.00  |
|                                       | Name of Employer<br>Saint Francis Hospital and                     | Occupation  |   | 7   |
|                                       | Medical Cen  |             | sident Fiancial Management                      | -   |
|                                       | Receipt For: Primary General                                       | Aggregate   | Year-to-Date ▼                                  |   |
|                                       | Other (specify)  |             | 250.00  |   |
|                                       |  |             | <u> </u>  |   |
| 3.                                    | Full Name (Last, First, Middle Initial)<br>Mr. Thomas P Pipicelli  |             |   | Date of Receipt                                   |
| Mailing Address 326 Washington Street |  |             |   | 1 2 1 5 2 0 0 6                                   |
|                                       | City   | State       | Zip Code  | Transaction ID: 13525604                          |
|                                       | Norwich  | CT          | 06360-2740                                      | Amount of Each Receipt this Period                |
|                                       | FEC ID number of contributing federal political committee.         | С           |   | 250.00  |
|                                       | Name of Employer<br>William W. Backus Hospita-                     | Occupation  |   |   |
|                                       | I, The Receipt For:  |             | t and Chief Executive Officer  Year-to-Date   T | _   |
|                                       | Primary General  | Aggregate   |   |   |
|                                       | Other (specify) ▼  |             | 250.00  |   |
|                                       | Full Name (Lost First Middle Initial)                              |             |   |   |
| Э.                                    | Full Name (Last, First, Middle Initial) Mr. R. Christopher Hartley |             |   | Date of Receipt                                   |
|                                       | Mailing Address 114 Woodland Street                                |             |   | 1 2 1 5 2 0 0 6                                   |
|                                       | City   | State       | Zip Code  | Transaction ID: 13525605                          |
|                                       | <u>Hartford</u>  | СТ          | 06105-1208                                      | Amount of Each Receipt this Period                |
|                                       | FEC ID number of contributing federal political committee.         | С           |   | 500.00  |
|                                       | Name of Employer<br>Saint Francis Hospital and                     | Occupation  | 1   | 7   |
|                                       | Medical Cen  |             | ce President Planning and F                     | ac  |
|                                       | Receipt For:   | Aggregate   | Year-to-Date ▼                                  |   |
|                                       | Primary General Other (specify)                                    |             | 500.00  |   |
|                                       | Other (apochy) \   |             | 0 0 0 0 0 0 0 0                                 |   |
| s                                     | UBTOTAL of Receipts This Page (optional)                           |             |   | 1000.00   |
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| T                                     | OTAL This Period (last page this line number on                    | ıy)         | <b>&gt;</b>                                     |   |

| SCHEDULE A (FEC Form 3X)                |  |                        | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 53 / 228   |  |  |
|---|--|------------------------|---|--|--|--|
| ıт                                      | EMIZED RECEIPTS  |                        | or each category of the   | (check only one)   |  |  |
| • | EIVIIZED NECEIP I 3  |                        | Detailed Summary Page   | X 11a 11b 11c 12   |  |  |
|   |  |                        |   | 13 14 15 16 17   |  |  |
| Ar<br>or                                | ly information copied from such Reports and Star<br>for commercial purposes, other than using the na | tements may            | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
| $\overline{}$                           | NAME OF COMMITTEE (In Full)  |                        |   |  |  |  |
| $\rangle$                               | American Hospital Association PAC  |                        |   |  |  |  |
| Α.                                      | Full Name (Last, First, Middle Initial)<br>Mr. Christopher Dadlez                                    |                        |   | Date of Receipt  |  |  |
|   | Mailing Address 893 Farmington Avenue  |                        |   | 12 15 2006   |  |  |
|   | City   | State                  | Zip Code  | Transaction ID: 13525606   |  |  |
|   | West Hartford  | CT                     | 06119-1445  | Amount of Each Receipt this Period   |  |  |
|   | FEC ID number of contributing federal political committee.   | C                      |   | 1000.00  |  |  |
|   | Name of Employer<br>Saint Francis Hospital and<br>Medical Cen  | Occupation<br>Presiden |   |  |  |  |
|   | Receipt For:   | Aggregate              | e Year-to-Date ▼  |  |  |  |
|   | Primary General  |                        |   | 1  |  |  |
|   | Other (specify)  |                        | 1000.00   |  |  |  |
| В.                                      | Full Name (Last, First, Middle Initial)<br>Mr. Richard J. Davidson                                   |                        |   | Date of Receipt  |  |  |
|   | Mailing Address 325 Seventh Street, NW Suite 700   |                        |   | 12 15 2006   |  |  |
|   | City   | State                  | Zip Code  | Transaction ID: 13525717   |  |  |
|   | Washington   | DC                     | 20004-2818  | Amount of Each Receipt this Period   |  |  |
|   | FEC ID number of contributing federal political committee.   | C                      |   | 1000.00  |  |  |
|   | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                      | Occupation<br>Presiden |   |  |  |  |
|   | Receipt For:   | Aggregate              | e Year-to-Date ▼  |  |  |  |
|   | Primary General  | 00 0                   |   | 1  |  |  |
|   | Other (specify) ▼  |                        | 1960.00   |  |  |  |
| <u> </u>                                | Full Name (Last, First, Middle Initial)<br>Mr. Louis H Bremer  |                        |   | Date of Receipt  |  |  |
|   | Mailing Address 600 East Dixie Avenue  |                        |   | 12 19 2006   |  |  |
|   | City   | State                  | Zip Code  | Transaction ID: 13525780   |  |  |
|   | Leesburg   | FL                     | 34748-5925  | Amount of Each Receipt this Period   |  |  |
|   | FEC ID number of contributing federal political committee.   | C                      |   | 250.00   |  |  |
|   | Name of Employer<br>Leesburg Regional Medical<br>Center  | Occupation Presiden    | n<br>t and Chief Executive Officer                                  |  |  |  |
|   | Receipt For:   | Aggregate              | e Year-to-Date ▼  |  |  |  |
|   | Primary General  |                        | 272.22  | 1  |  |  |
|   | Other (specify) ▼  |                        | 250.00  |  |  |  |
| s                                       | UBTOTAL of Receipts This Page (optional)   |                        |   | 2250.00  |  |  |
| <u> </u>                                | -  |                        |   |  |  |  |

| SCHEDULE A (FEC Form 3X)   | Use separate schedule(s) | FOR LINE NUMBER:                                | PAGE 54/228                                  |                  |  |  |
|--|--------------------------|---|--|------------------|--|--|
| ITEMIZED RECEIPTS  |                          | or each category of the                         | (check only one)                             |                  |  |  |
| II EIWIZED NECEIP 13   |                          | Detailed Summary Page                           | X 11a 11b                                    | 11c 12           |  |  |
|  |                          | -   | 13 14  | 15 16 17         |  |  |
| Any information copied from such Reports and Si or for commercial purposes, other than using the | tatements may            | not be sold or used by any person               | n for the purpose of soliciting              | ng contributions |  |  |
|  |                          |   |  |                  |  |  |
| NAME OF COMMITTEE (In Full)  |                          |   |  |                  |  |  |
| American Hospital Association PAC  |                          |   |  |                  |  |  |
| Full Name (Last, First, Middle Initial)  |                          |   |  |                  |  |  |
| Mr. James F. Caldas  |                          |   | Date of Receipt                              |                  |  |  |
| Mailing Address 6016 Overlea Road  |                          |   | 12 20  | 2006             |  |  |
| City   | State                    | Zip Code  |  |                  |  |  |
| •  | MD                       | •   | Transaction ID: 135                          |                  |  |  |
| Bethesda   | IVID                     | 20816-2469                                      | Amount of Each Rec                           | eipt this Period |  |  |
| FEC ID number of contributing federal political committee.                                       | C                        |   |  | 250.00           |  |  |
| Name of Employer<br>Washington Hospital Center   | Occupation<br>President  |   | 1  |                  |  |  |
| Receipt For:   |                          | Year-to-Date ▼                                  |  |                  |  |  |
| Primary General  | riggrogato               | real to Bate 🔻                                  |  |                  |  |  |
| Other (specify)  |                          | 250.00  |  |                  |  |  |
|  |                          |   |  |                  |  |  |
| Full Name (Last, First, Middle Initial) <b>B.</b> Dr Janis M Orlowski, , M.D.                    |                          |   | Date of Receipt                              |                  |  |  |
| Mailing Address 110 Irving Street NW   |                          |   | M M / D D                                    | / <b>Y Y Y Y</b> |  |  |
|  |                          |   | 12 20  | 2006             |  |  |
| City   | State                    | Zip Code  | Transaction ID: 135                          | 525869           |  |  |
| Washington   | DC                       | 20010-2976                                      | Amount of Each Rec                           | eipt this Period |  |  |
| FEC ID number of contributing  |                          |   |  | 1000.00          |  |  |
| federal political committee.   | C                        |   |  | 1000.00          |  |  |
| Name of Employer   | Occupation               |   |  |                  |  |  |
| Name of Employer<br>Washington Hospital Center   |                          | ce President Medical Affairs                    |  |                  |  |  |
| Receipt For:   |                          | Year-to-Date <b>V</b>                           |  |                  |  |  |
| Primary General  | Aggregate                | Teal to Bate 🔻                                  |  |                  |  |  |
| Other (specify)  |                          | 1000.00   |  |                  |  |  |
|  |                          | 0 0 0 0 0 0 0                                   |  |                  |  |  |
| Full Name (Last, First, Middle Initial)  |                          |   |  |                  |  |  |
| C. Ms. Robyn Cooke   |                          |   | Date of Receipt                              |                  |  |  |
| Mailing Address 325 Seventh Street, NV Suite 700   | V                        |   | 12 20  | 2006             |  |  |
| City   | State                    | Zip Code  | Transaction ID: 135                          | 525944           |  |  |
| Washington   | DC                       | 20004-2818                                      | Amount of Each Rec                           |                  |  |  |
| FEC ID number of contributing  |                          |   |  | 1 1 1 1 1 1 1    |  |  |
| federal political committee.   | C                        |   |  | 500.00           |  |  |
| Name of Francisco  | 10                       |   |  |                  |  |  |
| Name of Employer<br>American Hospital Associa-   | Occupation               |   |  |                  |  |  |
| tion-Washingt Receipt For:   |                          | ssociate Director Executive B<br>Year-to-Date ▼ | <u>                                     </u> |                  |  |  |
| Primary General  | Aggregate                | Teal-lo-Dale ♥                                  |  |                  |  |  |
| Other (specify)  |                          | 500.00  |  |                  |  |  |
| (Spoon) <b>/</b>   |                          |   |  |                  |  |  |
|  | <u> </u>                 |   |  |                  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |                          |   |  | 1750.00          |  |  |
| 2.2.2.1.2 s. rissolpto rino rago (optiorial)   |                          |   |  |                  |  |  |
| TOTAL This Period (last page this line number  | only)                    | <b>&gt;</b>                                     |  |                  |  |  |

| SCHEDULE A (FEC Form 3X) |   |                | Use separate schedule(s)                    | FOR LINE NUMBER: PAGE 55 / 228                               |  |
|--------------------------|---|----------------|---|--|--|
|                          | EMIZED RECEIPTS   |                | or each category of the                     | (check only one)   |  |
| •                        |   |                | Detailed Summary Page                       | X   11a   11b   11c   12   15   16   17                      |  |
| An                       | y information copied from such Reports and State                      | ements may     | not be sold or used by any perso            | n for the purpose of soliciting contributions                |  |
| or                       | for commercial purposes, other than using the na                      | ine and add    | iress or any political committee to         | solicit contributions from such committee.                   |  |
| \                        | NAME OF COMMITTEE (In Full) American Hospital Association PAC         |                |   |  |  |
| _                        | 7 interioan Frospital Association FAC                                 |                |   |  |  |
| ۹.                       | Full Name (Last, First, Middle Initial) Ms. Mary A. Pittman           |                |   | Date of Receipt  |  |
| ٠.                       | Mailing Address One North Franklin                                    |                |   | M M / D D / Y Y Y  |  |
|                          | 01.   | 01-1-          | 7'- 0-1-                                    | 12 20 2006   |  |
|                          | City<br>Chicago   | State<br>IL    | Zip Code<br>60606-3436                      | Transaction ID: 13525945  Amount of Each Receipt this Period |  |
|                          | FEC ID number of contributing   |                | 10000                                       |  |  |
|                          | federal political committee.  | C              |   | 250.00   |  |
|                          | Name of Employer<br>Hospital Research & Educa-                        | Occupation     |   | 7  |  |
|                          | tional Trust  | President      | HRET<br>Year-to-Date ▼                      | 4  |  |
|                          | Receipt For: Primary General  | Aggregate      | Year-to-Date ▼                              |  |  |
|                          | Other (specify)   |                | 250.00                                      |  |  |
|                          |   |                |   |  |  |
| 3.                       | Full Name (Last, First, Middle Initial) Ms. Rebecca T Brewer, , FACHE |                |   | Date of Receipt  |  |
|                          | Mailing Address 501 Robertson Boulevard                               | k              |   | 12 20 20 6   |  |
|                          | City  | State Zip Code |   |  |  |
|                          | Walterboro  | SC             | 29488-5714                                  | Transaction ID: 13525947  Amount of Each Receipt this Period |  |
|                          | FEC ID number of contributing   |                |   | 250.00   |  |
|                          | federal political committee.  | C              |   | 250.00   |  |
|                          | Name of Employer<br>Colleton Medical Center                           | Occupation     |   | 7  |  |
|                          |   |                | ecutive Officer                             | -  |  |
|                          | Receipt For: Primary General  | Aggregate      | Year-to-Date ▼                              |  |  |
|                          | Other (specify)   |                | 250.00                                      |  |  |
|                          |   |                |   |  |  |
| Э.                       | Full Name (Last, First, Middle Initial)<br>Mr. Jay Cox                |                |   | Date of Receipt  |  |
|                          | Mailing Address 129 North Washington S                                | treet          |   | 12 20 20 6   |  |
|                          | City  | State          | Zip Code                                    | Transaction ID: 13525948                                     |  |
|                          | Sumter  | SC             | 29150-4983                                  | Amount of Each Receipt this Period                           |  |
|                          | FEC ID number of contributing   | С              |   | 500.00   |  |
|                          | federal political committee.  |                |   | 555.55   |  |
|                          | Name of Employer<br>Tuomey Healthcare System                          | Occupation     |   |  |  |
| President                |   |                | and Chief Executive Officer  Year-to-Date ▼ | -  |  |
|                          | Primary General   | , iggregate    |   | 1  |  |
|                          | Other (specify) ▼   |                | 500.00                                      |  |  |
|                          |   |                |   |  |  |
| s                        | UBTOTAL of Receipts This Page (optional)                              |                |   | 1000.00  |  |
|                          |   |                | <u> </u>                                    |  |  |
| T                        | OTAL This Period (last page this line number on                       | ly)            | <b>&gt;</b>                                 |  |  |

| SCHEDULE A (FEC Form 3X) |  |                         | Use separate schedule(s)                         | FOR LINE NUMBER: PAGE 56 / 228 (check only one) |
|--------------------------|--|-------------------------|--|---|
| IT                       | EMIZED RECEIPTS  |                         | or each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                                |
| An                       | y information copied from such Reports and Sta                       | tements may             | not be sold or used by any perso                 | n for the purpose of soliciting contributions   |
| or                       | for commercial purposes, other than using the n                      | ame and add             | dress of any political committee to              | solicit contributions from such committee.      |
| $\rangle$                | NAME OF COMMITTEE (In Full) American Hospital Association PAC        |                         |  |   |
| ۹.                       | Full Name (Last, First, Middle Initial)<br>Mr. John C Hales, , FACHE |                         |  | Date of Receipt                                 |
|                          | Mailing Address 500 Nelson Boulevard                                 |                         |  | 12 20 20 2006                                   |
|                          | City   | State                   | Zip Code   | Transaction ID: 13525951                        |
|                          | Kingstree  | SC                      | 29556-4027                                       | Amount of Each Receipt this Period              |
|                          | FEC ID number of contributing federal political committee.           | C                       |  | 250.00  |
|                          | Name of Employer<br>Williamsburg Regional Hos-<br>pital              | Occupation<br>Chief Exe | n<br>ecutive Officer                             |   |
|                          | Receipt For:   | Aggregate               | e Year-to-Date ▼                                 |   |
|                          | Primary General Other (specify) ▼                                    |                         | 250.00   |   |
| 3.                       | Full Name (Last, First, Middle Initial) Mr. Joe D Howell             |                         |  | Date of Receipt                                 |
|                          | Mailing Address 1530 North Limestone S                               | 12 20 7 2006            |  |   |
|                          | City   | State                   | Zip Code   | Transaction ID: 13525952                        |
|                          | Gaffney  | SC                      | 29340-4742                                       | Amount of Each Receipt this Period              |
|                          | FEC ID number of contributing federal political committee.           | C                       |  | 250.00  |
|                          | Name of Employer<br>Upstate Carolina Medical<br>Center               | Occupation<br>Executive | n<br>e Director                                  |   |
|                          | Receipt For:   | Aggregate               | e Year-to-Date ▼                                 |   |
|                          | Primary General Other (specify) ▼                                    | 0 0                     | 250.00   |   |
| <b>D.</b>                | Full Name (Last, First, Middle Initial) Mr. J. Thornton Kirby        |                         |  | Date of Receipt                                 |
|                          | Mailing Address 1000 Center Point Road                               |                         |  | 12 20 7 2006                                    |
|                          | City   | State                   | Zip Code   | Transaction ID: 13525954                        |
|                          | Columbia   | SC                      | 29210-5802                                       | Amount of Each Receipt this Period              |
|                          | FEC ID number of contributing federal political committee.           | C                       |  | 115.41  |
|                          | Name of Employer<br>South Carolina Hospital                          | Occupation              |  |   |
|                          | Association Receipt For:   | President               | t & CEO<br>e Year-to-Date ▼                      | _   |
|                          | Primary General  | Aggregate               |  | 1   |
|                          | Other (specify) ▼  |                         | 365.47   |   |
| SI                       | UBTOTAL of Receipts This Page (optional)                             |                         |  | 615.41  |
| T                        | OTAL This Period (last page this line number or                      | nly)                    | <b>&gt;</b>                                      |   |

| S        | CHEDULE A (FEC Form 3X)                                       |                        | FOR LINE NUMBER: PAGE 57 / 22                       |  |  |  |
|----------|---|------------------------|---|--|--|--|
|          |   |                        | Use separate schedule(s)<br>or each category of the | (check only one)                               |  |  |
| П        | EMIZED RECEIPTS   |                        | Detailed Summary Page                               | X 11a 11b 11c 12                               |  |  |
|          |   |                        |   | 13 14 15 16 17                                 |  |  |
| Ar       | y information copied from such Reports and St                 | atements may           | not be sold or used by any person                   | on for the purpose of soliciting contributions |  |  |
| or       | for commercial purposes, other than using the                 | name and add           | dress of any political committee to                 | o solicit contributions from such committee.   |  |  |
|          | NAME OF COMMITTEE (In Full)                                   |                        |   |  |  |  |
|          | American Hospital Association PAC                             |                        |   |  |  |  |
| Α.       | Full Name (Last, First, Middle Initial) Catherine E. Leubbert |                        |   | Date of Receipt                                |  |  |
|          | Mailing Address 160 Tradd Circle                              |                        |   | 12 20 2006                                     |  |  |
|          | City  | State                  | Zip Code  | Transaction ID: 13525955                       |  |  |
|          | Sumter  | SC                     | 29150-2200  | Amount of Each Receipt this Period             |  |  |
|          | FEC ID number of contributing                                 | С                      |   | 250.00   |  |  |
|          | federal political committee.                                  |                        |   |  |  |  |
|          | Name of Employer<br>Tuomey Healthcare System                  | Occupation Director of | n<br>of Physician Recruitment                       |  |  |  |
|          | Receipt For:  | Aggregate              | Year-to-Date ▼                                      |  |  |  |
|          | Primary General   |                        | 050,00  | 1  |  |  |
|          | Other (specify) ▼   | 0 0                    | 250.00  |  |  |  |
| _        | Full Name (Last, First, Middle Initial)                       |                        |   |  |  |  |
| В.       | Mr. Gregg Martin  |                        |   | Date of Receipt                                |  |  |
|          | Mailing Address 2252 Rolling Hill Lane                        |                        |   | 12 20 2006                                     |  |  |
|          | City  | State                  | Zip Code  | Transaction ID: 13525956                       |  |  |
|          | Sumter  | SC                     | 29150-1934  | Amount of Each Receipt this Period             |  |  |
|          | FEC ID number of contributing                                 |                        |   |  |  |  |
|          | federal political committee.                                  | C                      |   | 250.00   |  |  |
|          | Name of Employer  | Occupation             | 1   |  |  |  |
|          | Tuomey Healthćare System                                      |                        | ce President & COO                                  |  |  |  |
|          | Receipt For:  | Aggregate              | Year-to-Date ▼                                      |  |  |  |
|          | Primary General   | , ,                    | 250.00  | 1  |  |  |
|          | Other (specify)   |                        | 200.00  | J  |  |  |
| <u> </u> | Full Name (Last, First, Middle Initial) Mr. George Rikard     |                        |   | Date of Receipt                                |  |  |
|          | Mailing Address 26 English Street                             |                        |   | M M / D D / Y Y Y Y                            |  |  |
|          | City  | State                  | Zip Code  | 1 2 2 0 2 0 0 6 Transaction ID: 13525957       |  |  |
|          | Sumter  | SC                     | 29150-3212  | Amount of Each Receipt this Period             |  |  |
|          |   |                        | 20100 0212  | Amount of Each recorpt this rende              |  |  |
|          | FEC ID number of contributing federal political committee.    | C                      |   | 250.00   |  |  |
|          | Name of Employer<br>Tuomey Healthcare System                  | Occupation             |   |  |  |  |
|          |   |                        | e Compliance Officer<br>Year-to-Date ▼              | $\dashv$                                       |  |  |
|          | Receipt For: Primary General                                  | Aggregate              | r rear-10-Date ▼                                    | -  |  |  |
|          | Other (specify)   | ' '                    | 250.00  |  |  |  |
|          |   | 0 0                    | 0 0 0 0 0 0 0                                       | -  |  |  |
|          |   |                        |   |  |  |  |
| ء        | UBTOTAL of Receipts This Page (optional)                      |                        |   | 750.00   |  |  |
| $\vdash$ |   |                        |   |  |  |  |

|                      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                              | Use separate schedule(s) or each category of the                         | FOR LINE NUMBER: PAGE 58 / 228 (check only one)     |
|----------------------|---|------------------------------|--|---|
| •                    | LIMIZED RECEIF 13   |                              | Detailed Summary Page  | X   11a     11b     11c     12     15     16     17 |
| An<br>or             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | atements may<br>name and add | not be sold or used by any persol<br>lress of any political committee to | on for the purpose of soliciting contributions      |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                     |                              |  |   |
| <b>4</b> .           | Full Name (Last, First, Middle Initial) Michael Riordan  Mailing Address 4 White Crescent Lane    |                              |  | Date of Receipt                                     |
|                      | City  | State                        | Zip Code   | 1 2 2 0 2 0 0 6 Transaction ID: 13525958            |
|                      | Simpsonville  | SC                           | 29681-3614   | Amount of Each Receipt this Period                  |
|                      | FEC ID number of contributing federal political committee.  | C                            |  | 500.00  |
|                      | Name of Employer<br>Greenville Hospital System  | Occupation<br>President      | n<br>: and CEO   |   |
|                      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | Year-to-Date ▼ 500.00  |   |
| 3.                   | Full Name (Last, First, Middle Initial) Mr. Allan Stalvey   |                              |  | Date of Receipt                                     |
|                      | Mailing Address 101 Medical Circle Post Office Box 6009   |                              |  | 12 20 7 2006  |
|                      | City  | State                        | Zip Code   | Transaction ID: 13525959                            |
|                      | West Columbia  FEC ID number of contributing federal political committee.                         | SC                           | 29169-3655   | Amount of Each Receipt this Period  115.41          |
|                      | Name of Employer<br>South Carolina Hospital<br>Association  | Occupation<br>Senior Vi      | n<br>ce President  |   |
|                      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                    | Year-to-Date ▼ 365.47  |   |
| ).                   | Full Name (Last, First, Middle Initial) Mr. Doug White  |                              |  | Date of Receipt                                     |
|                      | Mailing Address 809 82nd Parkway  |                              |  | 12 20 7 2006  |
|                      | City Myrtle Beach   | State<br>SC                  | Zip Code<br>29572-4611   | Transaction ID: 13525960                            |
|                      | FEC ID number of contributing federal political committee.  | <b>C</b>                     | 29372-4011   | Amount of Each Receipt this Period  505.00          |
|                      | Name of Employer<br>Grand Strand Regional Med-<br>ical Center<br>Receipt For:                     | 1                            | ecutive Officer  Year-to-Date  |   |
|                      | Primary General Other (specify) ▼   | 1.33.33410                   | 505.00   |   |
| s                    | UBTOTAL of Receipts This Page (optional)  |                              |  | 1120.41   |
|                      |   |                              |  |   |

| SCHEDULE A (FEC Form 3X)                |  |                     | Use separate schedule(s)  | FOR LINE NUMBER  | R: PAGE 59/228                            |  |
|---|--|---------------------|---|--|---|--|
|   | TEMIZED RECEIPTS   |                     | or each category of the   | (check only one)                                       |   |  |
| • | EINIZED RECEIP 13  |                     | Detailed Summary Page   | X 11a 11b  | 11c   12                                  |  |
|   |  |                     |   | 13 14  | 15 16 17                                  |  |
| Ar                                      | y information copied from such Reports and Si<br>for commercial purposes, other than using the | atements may        | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of sol<br>solicit contributions from | iciting contributions<br>m such committee |  |
| <u></u>                                 | NAME OF COMMITTEE (In Full)  |                     | areas or any pointed committee to   |  |   |  |
| $  \rangle$                             | American Hospital Association PAC  |                     |   |  |   |  |
|   | American Hospital Association 1 Ac   |                     |   |  |   |  |
| _                                       | Full Name (Last, First, Middle Initial)  |                     |   |  |   |  |
| Α.                                      | Mr. John R White   |                     |   | Date of Receipt  |   |  |
|   | Mailing Address 801 East Wheeler Roa   | d                   |   | 12 2   | 0 2006                                    |  |
|   | City   | State               | Zip Code  | Transaction ID:  |   |  |
|   | Moses Lake   | WA                  | 98837-1820  |  | Receipt this Period                       |  |
|   |  |                     | 30007 1020  | Amount of Laciff                                       | neceipi illis Fellou                      |  |
|   | FEC ID number of contributing federal political committee.                                     | C                   |   |  | 125.00                                    |  |
|   |  |                     |   |  |   |  |
|   | Name of Employer<br>Samaritan Healthcare   | Occupation          |   |  |   |  |
|   | Descipt For  |                     | t and Chief Executive Officer<br>e Year-to-Date ▼                         |  |   |  |
|   | Receipt For: Primary General   | Ayyreyale           | rear-to-date V  | ,  |   |  |
|   | Other (specify)  |                     | 625.00  |  |   |  |
|   |  | 0 0                 | 0 0 0 0 0 0 0   |  |   |  |
|   | Full Name (Last, First, Middle Initial)  |                     |   |  |   |  |
| В.                                      |  |                     |   | Date of Receipt  |   |  |
|   | Mailing Address 610 NW 11th Street   |                     |   |  | 0 Y Y Y Y Y Y Y 2006                      |  |
|   | City   | State               | Zip Code  | 1 2 2 0 2 0 0 6  Transaction ID: 13525966              |   |  |
|   | Hermiston  | OR                  | 97838-6601  |  | Receipt this Period                       |  |
|   |  |                     | 07000 0001  | Amount of Laciff                                       | · · · · · · · · · · · · · · · · · · ·     |  |
|   | FEC ID number of contributing federal political committee.                                     | C                   |   |  | 125.00                                    |  |
|   |  |                     |   |  |   |  |
|   | Name of Employer<br>Good Shepherd Healthcare   | Occupation Presiden |   |  |   |  |
|   | System Receipt For:  |                     | e Year-to-Date ▼  | -  |   |  |
|   | Primary General  | riggrogate          | Tour to Bate V  | 1  |   |  |
|   | Other (specify)  |                     | 250.00  |  |   |  |
|   |  |                     |   |  |   |  |
|   | Full Name (Last, First, Middle Initial)  |                     |   | D  |   |  |
| Ċ.                                      | Mr. George N. Miller   | 21                  |   | Date of Receipt  |   |  |
|   | Mailing Address One South Limestone  | Street              |   | 12 2   |   |  |
|   | City   | State               | Zip Code  | Transaction ID:  | 13525995                                  |  |
|   | Springfield  | OH                  | 45502   |  | Receipt this Period                       |  |
|   | FEC ID number of contributing  |                     |   |  | 1000.00                                   |  |
|   | federal political committee.   | C                   |   |  | 1000.00                                   |  |
|   | Name of Employer   | Occupation          | n   | $\dashv$   |   |  |
|   | Catholic Healthcare Partn-   | Presiden            |   |  |   |  |
| 013                                     |  |                     | e Year-to-Date ▼  | _  |   |  |
|   |  |                     | 1000.00   | 1  |   |  |
|   |  |                     | 1000.00   |  |   |  |
| _                                       |  |                     |   |  |   |  |
|   |  |                     |   |  | 1250.00                                   |  |
| S                                       | UBTOTAL of Receipts This Page (optional)   |                     | <u> </u>  |  | 1200.00                                   |  |
| _                                       | OTAL This Davied (lead as a state than a lead  |                     |   |  |   |  |
| 1 1                                     | OTAL This Period (last page this line number of  | יוווע)              | ······································                                    |  |   |  |

| SCHEDULE A (FEC Form 3X)                     |  | Use separate schedule(s) | FOR LINE NUMBER:                    | PAGE 60 / 228                  |                          |  |  |
|--|--|--------------------------|-------------------------------------|--------------------------------|--------------------------|--|--|
|  | EMIZED RECEIPTS  |                          | or each category of the             | (check only one)               |                          |  |  |
| ••   | LIMIZED REGEN 13   |                          | Detailed Summary Page               | X 11a 11b 14                   | 11c   12<br>15   16   17 |  |  |
| Ar   | ny information copied from such Reports and Sta                      | atements may             | not be sold or used by any perso    | n for the purpose of solicitir | na contributions         |  |  |
| or   | for commercial purposes, other than using the r                      | name and add             | dress of any political committee to | solicit contributions from su  | ich committee.           |  |  |
|  | NAME OF COMMITTEE (In Full)  |                          |                                     |                                |                          |  |  |
|  | American Hospital Association PAC                                    |                          |                                     |                                |                          |  |  |
| Α.   | Full Name (Last, First, Middle Initial)<br>Mr. Alan W Brass, , FACHE |                          |                                     | Date of Receipt                |                          |  |  |
| Λ.   | Mailing Address 1801 Richards Road                                   |                          |                                     | M M / D D /                    | YYYY                     |  |  |
|  |  |                          |                                     | 12 20                          | 2006                     |  |  |
|  | City   | State                    | Zip Code                            | Transaction ID: 135            |                          |  |  |
|  | Toledo   | OH                       | 43607-1037                          | Amount of Each Rece            | eipt this Period         |  |  |
|  | FEC ID number of contributing federal political committee.           | C                        |                                     |                                | 500.00                   |  |  |
|  | Name of Employer<br>ProMedica Health System                          | Occupation<br>Chief Exe  | n<br>ecutive Officer and President  |                                |                          |  |  |
|  | Receipt For:   | Aggregate                | e Year-to-Date ▼                    |                                |                          |  |  |
|  | Primary General  |                          | 500.00                              |                                |                          |  |  |
|  | Other (specify)  |                          |                                     |                                |                          |  |  |
| В.   | Full Name (Last, First, Middle Initial)<br>Mr. Randy Oostra          |                          |                                     | Date of Receipt                |                          |  |  |
|  | Mailing Address 21 Tremore Way                                       |                          | 12 20                               | 2006                           |                          |  |  |
|  | City State   |                          | Zip Code                            | Transaction ID: 135            | Transaction ID: 13525997 |  |  |
|  | Holland  | OH                       | 43528-9108                          | Amount of Each Rece            | eipt this Period         |  |  |
|  | FEC ID number of contributing federal political committee.           | C                        |                                     |                                | 500.00                   |  |  |
|  | Name of Employer<br>ProMedica Health System                          | Occupation               | n<br>ecutive Officer                | 7                              |                          |  |  |
|  | Receipt For:   |                          | e Year-to-Date ▼                    | _                              |                          |  |  |
|  | Primary General  | 199.194.1                |                                     |                                |                          |  |  |
|  | Other (specify) ▼  | 0 0                      | 500.00                              |                                |                          |  |  |
| С.   | Full Name (Last, First, Middle Initial) Ms. Barbara Steele           |                          |                                     | Date of Receipt                |                          |  |  |
| Ο.   | Mailing Address 2142 North Cove Boule                                | vard                     |                                     | M M / D D /                    | YYYY                     |  |  |
|  |  |                          |                                     | 12 20                          | 2006                     |  |  |
|  | City   | State                    | Zip Code                            | Transaction ID: 135            |                          |  |  |
|  | Toledo   | OH                       | 43606-3896                          | Amount of Each Rece            | eipt this Period         |  |  |
|  | FEC ID number of contributing federal political committee.           | C                        |                                     |                                | 500.00                   |  |  |
| Name of Employer Toledo Hospital, The Presic |  |                          |                                     |                                |                          |  |  |
|  |  | Aggregate                | e Year-to-Date ▼                    |                                |                          |  |  |
| Primary General                              |  |                          | 750.00                              |                                |                          |  |  |
|  | Other (specify)  | 0 0                      |                                     |                                |                          |  |  |
| s  | SUBTOTAL of Receipts This Page (optional)                            |                          |                                     |                                | 1500.00                  |  |  |
| $\vdash$                                     |  |                          | <u> </u>                            |                                |                          |  |  |
| T  | OTAL This Period (last page this line number of                      |                          |                                     |                                |                          |  |  |

| COUEDING A /EEC Form 2V) |  |                          |                                     | FOR LINE NUMBER: PAGE 61 / 228             |  |  |
|--------------------------|--|--------------------------|-------------------------------------|--|--|--|
| SCHEDULE A (FEC Form 3X) |  | Use separate schedule(s) |                                     | (check only one)                           |  |  |
| ITEMIZED RECEIPTS        |  | or each category of the  |                                     | X 11a 11b 11c 12                           |  |  |
|                          |  |                          | Detailed Summary Page               | 13 14 15 16 17                             |  |  |
| Δr                       | ny information copied from such Reports and St             | atements may             | y not he sold or used by any ners   |  |  |  |
| or                       | for commercial purposes, other than using the              | name and add             | dress of any political committee to | solicit contributions from such committee. |  |  |
|                          | NAME OF COMMITTEE (In Full)                                |                          |                                     |  |  |  |
| $  \rangle$              | American Hospital Association PAC                          |                          |                                     |  |  |  |
|                          | American Flospital Accountion FAC                          |                          |                                     |  |  |  |
| <u>/</u>                 | Full Name (Last, First, Middle Initial)                    |                          |                                     |  |  |  |
| A.                       | Mr Charles P Swisher, , FACHE                              |                          |                                     | Date of Receipt                            |  |  |
|                          | Mailing Address P O Box 907                                |                          |                                     | M M / D D / Y Y Y Y                        |  |  |
|                          |  |                          |                                     | 12 20 2006                                 |  |  |
|                          | City   | State                    | Zip Code                            | Transaction ID: 13525999                   |  |  |
|                          | Fostoria   | OH                       | 44830-0907                          | Amount of Each Receipt this Period         |  |  |
|                          | FEC ID number of contributing                              |                          |                                     | 500.00                                     |  |  |
|                          | federal political committee.                               | C                        |                                     | 500.00                                     |  |  |
|                          | -  |                          |                                     |  |  |  |
|                          | Name of Employer<br>Fostoria Community Hospit-             | Occupation               |                                     |  |  |  |
|                          | al   |                          | e Vice President Governmer          | nt Re                                      |  |  |
|                          | Receipt For:   | Aggregate                | e Year-to-Date ▼                    |  |  |  |
|                          | Primary General  |                          | 750.00                              | 1  |  |  |
|                          | Other (specify)  |                          | 700.00                              |  |  |  |
|                          |  |                          |                                     |  |  |  |
| R                        | Full Name (Last, First, Middle Initial) Mr. John E Horns   |                          |                                     | Date of Receipt                            |  |  |
| Ь.                       |  |                          |                                     | <u> </u>                                   |  |  |
|                          | Mailing Address 1200 Ralston Avenue                        | 12 20 2006               |                                     |  |  |  |
|                          | City   | State                    | Zip Code                            | Transaction ID: 13526000                   |  |  |
|                          | Defiance   | OH                       | 43512-1396                          | Amount of Each Receipt this Period         |  |  |
|                          |  | OII                      | 43312-1390                          | Amount of Each Receipt this Period         |  |  |
|                          | FEC ID number of contributing federal political committee. | C                        |                                     | 250.00                                     |  |  |
|                          | rederal political committee.                               |                          |                                     |  |  |  |
|                          | Name of Employer<br>Defiance Regional Medical              | Occupation               | า                                   | $\neg$                                     |  |  |
|                          | Center .   | President                | t                                   |  |  |  |
|                          | Receipt For:   | Aggregate                | e Year-to-Date ▼                    |  |  |  |
|                          | Primary General  |                          | 050.00                              | 1  |  |  |
|                          | Other (specify)  |                          | 250.00                              |  |  |  |
|                          |  |                          |                                     |  |  |  |
| _                        | Full Name (Last, First, Middle Initial)                    |                          |                                     | Pate of Paradal                            |  |  |
| C.                       | Mr. R. Reed Fraley   |                          |                                     | Date of Receipt                            |  |  |
|                          | Mailing Address 257 Clouse Lane                            |                          |                                     | 12 20 2006                                 |  |  |
|                          | City   | State                    | Zip Code                            | Transaction ID: 13526005                   |  |  |
|                          | Granville  | OH                       | 43023-1428                          |  |  |  |
|                          |  | OH                       | 43023-1428                          | Amount of Each Receipt this Period         |  |  |
|                          | FEC ID number of contributing federal political committee. | C                        |                                     | 125.00                                     |  |  |
|                          | rederal political committee.                               |                          |                                     |  |  |  |
|                          | Name of Employer   | Occupation               | า                                   |  |  |  |
|                          | Ohio Hospital Association                                  | Senior Vi                | ce President                        |  |  |  |
|                          | Receipt For:   | Aggregate                | Year-to-Date ▼                      |  |  |  |
|                          | Primary General  |                          | 500.00                              | 1  |  |  |
|                          | Other (specify)  |                          | 500.00                              |  |  |  |
|                          |  |                          |                                     |  |  |  |
|                          |  |                          |                                     |  |  |  |
| s                        | UBTOTAL of Receipts This Page (optional)                   |                          |                                     | 875.00                                     |  |  |
| $\vdash$                 | ,  |                          |                                     | -  |  |  |

| S                 | CHEDULE A (FEC Form 3X)   |  |  | FOR LINE NUMBER: PAGE 62 / 228                 |  |  |
|-------------------|---|--|--|--|--|--|
| •                 |   | Use separate schedule(s) or each category of the |  | (check only one)                               |  |  |
| ITEMIZED RECEIPTS |   |  | Detailed Summary Page  | X 11a 11b 11c 12                               |  |  |
|                   |   |  |  | 13 14 15 16 17                                 |  |  |
| Ar                | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may                                     | not be sold or used by any personal rose of any political committee to | on for the purpose of soliciting contributions |  |  |
| V .               |   | iaine and add                                    | ness of any political committee it                                     | o solicit contributions from such committee.   |  |  |
|                   | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                     |  |  |  |  |  |
|                   | American Hospital Association PAC   |  |  |  |  |  |
| <u>/</u>          | Full Name (Last, First, Middle Initial)   |  |  |  |  |  |
| A.                | Mr. John E. Callender   |  |  | Date of Receipt                                |  |  |
|                   | Mailing Address 2743 Elginfield Road  |  |  | M M / D D / Y Y Y Y                            |  |  |
|                   | 011   | 01-1-  | 7'- 0-4-   | 12 20 2006                                     |  |  |
|                   | City  | State<br>OH                                      | Zip Code   | Transaction ID: 13526007                       |  |  |
|                   | Upper Arlington   | OH   | 43220-4247   | Amount of Each Receipt this Period             |  |  |
|                   | FEC ID number of contributing federal political committee.  | C  |  | 75.00  |  |  |
|                   | rederai politicai committee.  |  |  |  |  |  |
|                   | Name of Employer<br>Ohio Hospital Association   | Occupation                                       |  |  |  |  |
|                   |   |  | ce President   |  |  |  |
|                   | Receipt For:  | Aggregate  | Year-to-Date ▼   |  |  |  |
|                   | Primary General   |  | 487.50   |  |  |  |
|                   | Other (specify)   | 0 0  |  | J  |  |  |
| _                 | Full Name (Last, First, Middle Initial)   |  |  |  |  |  |
| В.                |   |  |  | Date of Receipt                                |  |  |
|                   | Mailing Address 323 Pebble Creek Drive  | M M / D D / Y Y Y Y                              |  |  |  |  |
|                   |   |  |  | 12 20 2006                                     |  |  |
|                   | City  | State  | Zip Code   | Transaction ID: 13526008                       |  |  |
|                   | Dublin  | OH   | 43017-1370   | Amount of Each Receipt this Period             |  |  |
|                   | FEC ID number of contributing   | С  |  | 250.00   |  |  |
|                   | federal political committee.  | <u> </u>   |  |  |  |  |
|                   | Name of Employer  | Occupation                                       | 1  |  |  |  |
|                   | Ohio Hospital Association   | Sr. Dir. D                                       | ata Services & V.P. REF  |  |  |  |
|                   | Receipt For:  | Aggregate  | Year-to-Date ▼   |  |  |  |
|                   | Primary General   |  | 500.00   | 1  |  |  |
|                   | Other (specify) ▼   | 0 0  | 300.00   |  |  |  |
| _                 | Full Name (Lost First Middle Latter)  |  |  |  |  |  |
| C.                | Full Name (Last, First, Middle Initial) Ms. Bridget A. Gargan                                     |  |  | Date of Receipt                                |  |  |
|                   | Mailing Address 54 West Weisheimer Ro   | oad  |  | M M / D D / Y Y Y Y                            |  |  |
|                   |   |  |  | 12 20 2006                                     |  |  |
|                   | City  | State  | Zip Code   | Transaction ID: 13526009                       |  |  |
|                   | Columbus  | OH   | 43214-2545   | Amount of Each Receipt this Period             |  |  |
|                   | FEC ID number of contributing   | С  |  | 250.00   |  |  |
|                   | federal political committee.  | 0  |  |  |  |  |
|                   | Name of Employer Ohio Hospital Association  Receipt For:  Primary  General                        |  | 1  | 7  |  |  |
|                   |   |  | Government Affairs   |  |  |  |
|                   |   |  | Year-to-Date ▼   |  |  |  |
|                   |   |  | 500.00   | 1  |  |  |
| Other (specify) ▼ |   |  | 500.00   |  |  |  |
| _                 | l   |  |  |  |  |  |
| _                 | UDTOTAL of Descints This Description in   |  |  | 575.00   |  |  |
| L                 | UBTOTAL of Receipts This Page (optional)  |  |  |  |  |  |
| _                 | OTAL This Period (last page this line number o  | nlv)   | 1  |  |  |  |
|                   |   | · · · y / · · · · · · · · · · · · · ·            |  |  |  |  |

| SCHEDULE A (FEC Form 3X) |   | Use separate schedule(s) |                                  | FOR LINE NUMBER: PAGE 63 / 228                 |  |  |
|--------------------------|---|--------------------------|----------------------------------|--|--|--|
| ITEMIZED RECEIPTS        |   | or each category of the  |                                  | (check only one)                               |  |  |
| II EIVIIZED RECEIP 13    |   |                          | Detailed Summary Page            | X 11a   11b   11c   12                         |  |  |
|                          |   |                          |                                  | 13 14 15 16 17                                 |  |  |
| Ar                       | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may             | not be sold or used by any perso | on for the purpose of soliciting contributions |  |  |
|                          | NAME OF COMMITTEE (In Full)   |                          |                                  |  |  |  |
| $  \rangle$              | American Hospital Association PAC   |                          |                                  |  |  |  |
| $\angle$                 |   |                          |                                  |  |  |  |
| ^                        | Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley  |                          |                                  | Date of Receipt                                |  |  |
| Α.                       | Mailing Address 257 Clouse Lane   |                          |                                  | M M / D D / Y Y Y Y                            |  |  |
|                          | Z37 Glouse Larie  |                          |                                  | 12 20 2006                                     |  |  |
|                          | City  | State                    | Zip Code                         | Transaction ID: 13526013                       |  |  |
|                          | Granville   | OH                       | 43023-1428                       | Amount of Each Receipt this Period             |  |  |
|                          | FEC ID number of contributing   |                          |                                  | 105.00   |  |  |
|                          | federal political committee.  | C                        |                                  | 125.00   |  |  |
|                          | Name of Employer<br>Ohio Hospital Association   | Occupation               |                                  | 7  |  |  |
|                          |   |                          | ce President                     |  |  |  |
|                          | Receipt For:  | Aggregate                | e Year-to-Date ▼                 |  |  |  |
|                          | Primary General   |                          | 625.00                           | 1  |  |  |
|                          | Other (specify)   |                          | 020.00                           | J  |  |  |
| _                        | Full Name (Last, First, Middle Initial)   |                          |                                  |  |  |  |
| В.                       | Ms. Kimberly A. Keiser  |                          |                                  | Date of Receipt                                |  |  |
|                          | Mailing Address 2237 Bryden Road  | 12 20 206                |                                  |  |  |  |
|                          | City  | State                    | Zip Code                         | Transaction ID: 13526014                       |  |  |
|                          | Bexley  | ОН                       | 43209-1612                       | Amount of Each Receipt this Period             |  |  |
|                          | FEC ID number of contributing   |                          |                                  |  |  |  |
|                          | federal political committee.  | C                        |                                  | 250.00   |  |  |
|                          | Name of Employer<br>Ohio Hospital Association   | Occupation               | n                                | ┥  |  |  |
|                          | Ohio Hospital Association   | Chief Info               | ormation Officer                 |  |  |  |
|                          | Receipt For:  | Aggregate                | e Year-to-Date ▼                 | 7  |  |  |
|                          | Primary General   |                          |                                  | 1  |  |  |
|                          | Other (specify) ▼   |                          | 500.00                           |  |  |  |
| _                        | Full Name (Last, First, Middle Initial)   |                          |                                  |  |  |  |
| C.                       | Mr. Charles Cataline  |                          |                                  | Date of Receipt                                |  |  |
|                          | Mailing Address 111 E. Frankfort St.  |                          |                                  | 12 20 2006                                     |  |  |
|                          | City  | State                    | Zip Code                         | Transaction ID: 13526015                       |  |  |
|                          | Columbus  | ОН                       | 43206-2011                       | Amount of Each Receipt this Period             |  |  |
|                          | FEC ID number of contributing   | <u> </u>                 |                                  | 125.00   |  |  |
|                          | federal political committee.  | C                        |                                  | 123.00   |  |  |
|                          | Name of Employer<br>Ohio Hospital Association   | Occupation               |                                  | 7  |  |  |
|                          |   | _                        | ecutive Officer                  | _  |  |  |
|                          | Receipt For:  | Aggregate                | e Year-to-Date ▼                 | _  |  |  |
|                          | Primary General   |                          | 250.00                           | 1  |  |  |
|                          | Other (specify)   | 0 0                      | 200.00                           | 1  |  |  |
| Г                        |   |                          |                                  |  |  |  |
| ءِ                       | UBTOTAL of Receipts This Page (optional)  |                          |                                  | 500.00   |  |  |
| ∟്                       | CETOTAL of Hoodiple This Fage (optional)  |                          |                                  | -  |  |  |

| SCHEDULE A (FEC Form 3X)              |   |                              | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 64 / 228 (check only one) |   |  |
|---------------------------------------|---|------------------------------|---|---|---|--|
| ITEMIZED RECEIPTS                     |   |                              | or each category of the   |   | ´ — —   |  |
| TI LIVIIZED TILOLII 13                |   |                              | Detailed Summary Page   | I <del></del>                                   | 11b 11c 12  |  |
| _                                     | ., ., ., ., ., ., ., ., ., ., ., ., ., .  |                              |   | 13  | 14 15 16 17   |  |
| Ar                                    | ny information copied from such Reports and St<br>for commercial purposes, other than using the | atements may<br>name and add | / not be sold or used by any perso<br>dress of any political committee to | n for the purpose<br>solicit contribution       | of soliciting contributions as from such committee. |  |
|                                       | NAME OF COMMITTEE (In Full)   |                              | ,                                   |   |   |  |
| $  \rangle$                           | American Hospital Association PAC   |                              |   |   |   |  |
|                                       | 7 mondan noophan nooddahan 1710   |                              |   |   |   |  |
| _                                     | Full Name (Last, First, Middle Initial)   |                              |   |   |   |  |
| Α.                                    | Ms. Mary M. Yost  |                              |   | Date of Rec                                     | eipt  |  |
|                                       | Mailing Address 924 Riva Ridge Boulev   | ard                          |   | 1 2   | 20 2006   |  |
|                                       | City  | State                        | Zip Code  |   | iD: 13526017  |  |
|                                       | Gahanna   | OH                           | 43230-3825  |   | Each Receipt this Period                            |  |
|                                       |   |                              | 40200 3023  | Amount or t                                     | Lacif Necelpt tills Fellou                          |  |
|                                       | FEC ID number of contributing federal political committee.                                      | C                            |   |   | 250.00  |  |
|                                       |   |                              |   |   |   |  |
|                                       | Name of Employer<br>Ohio Hospital Association   | Occupation                   |   |   |   |  |
|                                       | ·   |                              | sident, Public Affairs  |   |   |  |
|                                       | Receipt For:  Primary  General  | Aggregate                    | e Year-to-Date ▼  | .   |   |  |
|                                       | Other (specify)   | ' '                          | 500.00  |   |   |  |
|                                       | Calci (opeany) 🔻  |                              | 1 1 1 1 1 1 1   |   |   |  |
| _                                     | Full Name (Last, First, Middle Initial)   |                              |   |   |   |  |
| В.                                    |   |                              |   | Date of Rec                                     | eeipt   |  |
|                                       | Mailing Address 815 Gatehouse Lane  |                              |   | M M /   | D D / Y Y Y Y                                       |  |
|                                       | 0   |                              |   | 12  | 20 2006   |  |
|                                       | City  | State                        | Zip Code  |   | ווס: 13526018                                       |  |
|                                       | Columbus  | OH                           | 43235-1733  | Amount of E                                     | Each Receipt this Period                            |  |
|                                       | FEC ID number of contributing federal political committee.                                      | C                            |   |   | 500.00  |  |
|                                       | rederai politicai committee.  |                              |   |   |   |  |
|                                       | Name of Employer<br>Ohio Hospital Association   | Occupation                   | n   |   |   |  |
|                                       | Onio Hospital Association   | Presiden                     | t & Chief Executive Officer   |   |   |  |
|                                       | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |   |  |
|                                       | Primary General   | ' '                          | 1000.00   |   |   |  |
|                                       | Other (specify)   | 0 0                          |   |   |   |  |
| _                                     | Full Name (Last, First, Middle Initial)   |                              |   | 1   |   |  |
| C.                                    | Mr. Rick Sites  |                              |   | Date of Rec                                     | eipt  |  |
|                                       | Mailing Address 1312 Smalwood Drive   |                              |   | M M /   | D D / Y Y Y Y Y                                     |  |
|                                       |   |                              |   | 12  | 20 2006   |  |
|                                       | City  | State                        | Zip Code  | Transaction                                     | 10: 13526020  |  |
|                                       | Columbus  | <u>OH</u>                    | 43235-2503  | Amount of E                                     | Each Receipt this Period                            |  |
|                                       | FEC ID number of contributing   | С                            |   |   | 125.00  |  |
|                                       | federal political committee.  |                              |   |   |   |  |
|                                       | Name of Employer  | Occupation                   | n   |   |   |  |
|                                       | Ohio Hospital Association   | Staff Leg                    | al Counsel  |   |   |  |
| Receipt For:  Primary  General  Aggre |   |                              | e Year-to-Date ▼  |   |   |  |
|                                       |   |                              | 250.00  |   |   |  |
| Other (specify) ▼                     |   |                              |   |   |   |  |
| $\overline{}$                         |   |                              |   |   |   |  |
|                                       | IIDTOTAL of Descints Title Boss (setting)   |                              |   |   | 875.00  |  |
| L                                     | UBTOTAL of Receipts This Page (optional)  |                              | <b>)</b>  |   |   |  |
| _                                     | OTAL This Period (last page this line number of   | only)                        |   |   |   |  |
|                                       | The fine i choo (last page this line number t   | ~··· <b>y</b> / ·······      | ······································                                    |   |   |  |

|   | HEDULE A (FEC Form 3X) MIZED RECEIPTS   |              | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 228 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                        |
|---|---|--------------|--|---|
| Any or fo   | information copied from such Reports and Star<br>commercial purposes, other than using the n  | itements may | y not be sold or used by any persodress of any political committee to        | on for the purpose of soliciting contributions solicit contributions from such committee.               |
| \   | AME OF COMMITTEE (In Full) American Hospital Association PAC  |              |  |   |
| A. M. N. C. L. F. F. F. C.  | ull Name (Last, First, Middle Initial)  Ir. John E. Callender  Iailing Address 2743 Elginfield Road  ity  Upper Arlington  EC ID number of contributing ederal political committee.  Iame of Employer Phio Hospital Association  ecceipt For:  Primary General  Other (specify) | 1            | Zip Code 43220-4247  n ice President e Year-to-Date ▼ 562.50                 | Date of Receipt  M M M / 20 / 2006  Transaction ID: 13526021  Amount of Each Receipt this Period  75.00 |
| 3. M N C C C F fe   | ull Name (Last, First, Middle Initial) Is. Mary L. Gallagher Iailing Address 205 Fallis Road  ity Columbus  EC ID number of contributing ederal political committee.  Iame of Employer Ohio Hospital Association  ecceipt For:  Primary General Other (specify)                 |              | Zip Code 43214-3770  n sident & General Counsel e Year-to-Date ▼ 500.00      | Date of Receipt    M M M  |
| C. M. C. L. F. F. F. C. L. N. | ull Name (Last, First, Middle Initial)  Ir. John E. Callender  Iailing Address 2743 Elginfield Road  ity  Ipper Arlington  EC ID number of contributing ederal political committee.  ame of Employer phio Hospital Association  ecceipt For:  Primary General  Other (specify)  | 1            | Zip Code 43220-4247  n ice President e Year-to-Date ▼ 647.50                 | Date of Receipt    M M M  |
| SUE   | BTOTAL of Receipts This Page (optional)   |              |  | 410.00  |
| TO  | <b>FAL</b> This Period (last page this line number o  | nlv)         | •  |   |

| SC                | CHEDULE A (FEC Form 3X)   |                                 | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 66 / 228              |  |
|-------------------|---|---------------------------------|-------------------------------------|---|--|
| ITEMIZED RECEIPTS |   |                                 | or each category of the             | (check only one)                            |  |
| •                 | LIMIZED REGEII 13   |                                 | Detailed Summary Page               | X 11a 11b 11c 12                            |  |
| ۸۰                | y information copied from such Reports and Sta                  | stamanta mai                    | , not be cold or used by any person | 13 14 15 16 17                              |  |
| or                | for commercial purposes, other than using the r                 | name and add                    | dress of any political committee to | solicit contributions from such committee.  |  |
| $\overline{}$     | NAME OF COMMITTEE (In Full)                                     |                                 |                                     |   |  |
| $\rangle$         | American Hospital Association PAC                               |                                 |                                     |   |  |
| ۸.                | Full Name (Last, First, Middle Initial)<br>Mr. Jeffrey Klingler |                                 |                                     | Date of Receipt                             |  |
|                   | Mailing Address 155 East Broad Street                           |                                 |                                     | 12 20 7 2006                                |  |
|                   | Columbus  | State                           | Zip Code                            | Transaction ID: 13526026                    |  |
|                   | Columbus  | OH                              | 43215-3626                          | Amount of Each Receipt this Period          |  |
|                   | FEC ID number of contributing federal political committee.      | С                               |                                     | 125.00                                      |  |
|                   | Name of Employer<br>Ohio Hospital Association                   | Occupation Director,            | n<br>State Policy & Advocacy        |   |  |
|                   | Receipt For:  | Aggregate                       | Year-to-Date ▼                      |   |  |
|                   | Primary General   |                                 | 250.00                              | 1   |  |
|                   | Other (specify) ▼   | 0 0                             |                                     |   |  |
| 3.                | Full Name (Last, First, Middle Initial)  Mr. John E. Callender  |                                 |                                     | Date of Receipt                             |  |
|                   | Mailing Address 2743 Elginfield Road                            | ng Address 2743 Elginfield Road |                                     |   |  |
|                   | City  | State                           | Zip Code                            | Transaction ID: 13526028                    |  |
|                   | Upper Arlington   | OH                              | 43220-4247                          | Amount of Each Receipt this Period          |  |
|                   | FEC ID number of contributing federal political committee.      | C                               |                                     | 200.00                                      |  |
|                   | Name of Employer<br>Ohio Hospital Association                   | Occupation<br>Senior Vi         | n<br>ce President                   |   |  |
|                   | Receipt For:  | Aggregate                       | Year-to-Date ▼                      |   |  |
|                   | Primary General Other (specify) ▼                               |                                 | 847.50                              |   |  |
| <br>C.            | Full Name (Last, First, Middle Initial) Ms. Susan Stanfield     |                                 |                                     | Date of Receipt                             |  |
|                   | Mailing Address 6218 Muirlock Court                             |                                 |                                     | 12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |  |
|                   | City  | State                           | Zip Code                            | Transaction ID: 13526029                    |  |
|                   | <u>Dublin</u>   | OH                              | 43017                               | Amount of Each Receipt this Period          |  |
|                   | FEC ID number of contributing federal political committee.      | C                               |                                     | 125.00                                      |  |
|                   | Name of Employer<br>Ohio Hospital Association                   | Occupation<br>Chief Exe         | n<br>ecutive Officer                |   |  |
|                   | Receipt For:  | Aggregate                       | Year-to-Date ▼                      |   |  |
|                   | Primary General   |                                 | 250.00                              |   |  |
|                   | Other (specify) ▼   |                                 |                                     |   |  |
| SI                | JBTOTAL of Receipts This Page (optional)                        |                                 |                                     | 450.00                                      |  |
| T                 | OTAL This Period (last page this line number o                  | nlv)                            |                                     |   |  |

| SCHEL                    | III E A (EEC Form 3Y)                              |                          |  | FOR LINE NUMBER:             | PAGE 67 / 228      |
|--------------------------|--|--------------------------|--|------------------------------|--------------------|
| SCHEDULE A (FEC Form 3X) |  | Use separate schedule(s) |  | (check only one)             |                    |
| ITEMIZ                   | ED RECEIPTS  |                          | or each category of the<br>Detailed Summary Page | X 11a 11b                    | 11c                |
|                          |  |                          | Detailed Summary Page                            | 13 14                        | 15 16 17           |
| Any inform               | nation copied from such Reports and Sta            | tements may              | not be sold or used by any perso                 | on for the purpose of solici | ting contributions |
| or for com               | mercial purposes, other than using the n           | ame and add              | dress of any political committee to              | solicit contributions from   | such committee.    |
| NAME                     | OF COMMITTEE (In Full)                             |                          |  |                              |                    |
| Ameri                    | can Hospital Association PAC                       |                          |  |                              |                    |
|                          | me (Last, First, Middle Initial)<br>n E. Callender |                          |  | Date of Receipt              | ,                  |
| Mailing                  | Address 2743 Elginfield Road                       |                          |  | 1 2 / 2 0                    | 2006               |
| City                     |  | State                    | Zip Code   | Transaction ID: 13           | 526031             |
| <u>Upper</u>             | Arlington  | ОН                       | 43220-4247                                       | Amount of Each Re            |                    |
|                          | number of contributing political committee.        | C                        |  |                              | 125.00             |
| Name o<br>Ohio H         | of Employer<br>lospital Association                | Occupation<br>Senior Vi  | n<br>ce President                                |                              |                    |
| Receipt                  | t For:   | Aggregate                | Year-to-Date ▼                                   |                              |                    |
|                          | Primary General Other (specify) ▼                  | 0 0                      | 972.50   |                              |                    |
| _                        | me (Last, First, Middle Initial)<br>n E. Callender |                          |  | Date of Receipt              |                    |
| Mailing                  | Address 2743 Elginfield Road                       | 1 2 D D 2 0              | 2006   |                              |                    |
| City                     |  | State                    | Zip Code   | Transaction ID: 13           | 526033             |
| <u>Upper</u>             | Arlington  | OH                       | 43220-4247                                       | Amount of Each Re            | ceipt this Period  |
|                          | number of contributing political committee.        | C                        |  |                              | 187.50             |
| Name o<br>Ohio H         | of Employer<br>ospital Association                 | Occupation<br>Senior Vi  | n<br>ce President                                |                              |                    |
| Receip                   | t For:   | Aggregate                | Year-to-Date ▼                                   |                              |                    |
|                          | Primary General Other (specify) ▼                  | 8 8                      | 1160.00  |                              |                    |
| _                        | me (Last, First, Middle Initial) ert Christie      |                          |  | Date of Receipt              |                    |
| Mailing                  | Address 251 East Huron Street                      |                          |  | 12 20                        | 2006               |
| City                     |  | State                    | Zip Code   | Transaction ID: 13           | 528505             |
| <u>Chica</u>             | go   | IL                       | 60611-2908                                       | Amount of Each Re            | ceipt this Period  |
|                          | number of contributing political committee.        | C                        |  |                              | 250.00             |
| pital                    | of Employer<br>vestern Memorial Hos-               |                          | sident, Government and Legi                      | isla                         |                    |
| Receip                   |  | Aggregate                | e Year-to-Date ▼                                 |                              |                    |
|                          | Primary General Other (specify) ▼                  |                          | 250.00   |                              |                    |
| SUBTOT                   | AL of Receipts This Page (optional)                |                          |  |                              | 562.50             |
|                          |  |                          | <u> </u>   |                              |                    |
| TOTAL T                  | This Period (last page this line number or         | nly)                     | <b>&gt;</b>                                      |                              |                    |

| SCHEDULE A (FEC Form 3X)  |  | Use separate schedule(s) |                                     | FOR LINE NUMBER: PAGE 68 / 228                    |  |  |
|---|--|--------------------------|-------------------------------------|---|--|--|
| ITEMIZED RECEIPTS   |  | or each category of the  |                                     | (check only one)                                  |  |  |
| ••  |  |                          | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17           |  |  |
| Δη  | y information copied from such Reports and St                  | atements may             | y not he sold or used by any ners   | <del>, , , , , , , , , , , , , , , , , , , </del> |  |  |
| or  | for commercial purposes, other than using the                  | name and add             | dress of any political committee to | o solicit contributions from such committee.      |  |  |
| $\setminus$   | NAME OF COMMITTEE (In Full)                                    |                          |                                     |   |  |  |
|   | American Hospital Association PAC                              |                          |                                     |   |  |  |
| A.  | Full Name (Last, First, Middle Initial) Mr. Clifford L Corbett |                          |                                     | Date of Receipt                                   |  |  |
|   | Mailing Address 150 West High Street                           |                          |                                     | 12 20 2006  |  |  |
|   | City   | State                    | Zip Code                            | Transaction ID: 13528506                          |  |  |
|   | Morris   | IL                       | 60450-1497                          | Amount of Each Receipt this Period                |  |  |
|   | FEC ID number of contributing federal political committee.     | C                        |                                     | 250.00  |  |  |
|   | Name of Employer<br>Morris Hospital & Healthc-<br>are Centers  | Occupation<br>President  | n<br>t and Chief Executive Office   | <br>r   |  |  |
|   | Receipt For:   | Aggregate                | Year-to-Date ▼                      |   |  |  |
|   | Primary General Other (specify) ▼                              | 0 0                      | 250.00                              |   |  |  |
| В.  |  |                          |                                     | Date of Receipt                                   |  |  |
|   | Mailing Address 251 East Huron Street                          |                          |                                     | 12 20 2006  |  |  |
|   | City   | State                    | Zip Code                            | Transaction ID: 13528508                          |  |  |
|   | Chicago  | IL                       | 60611-2908                          | Amount of Each Receipt this Period                |  |  |
|   | FEC ID number of contributing federal political committee.     | C                        |                                     | 500.00  |  |  |
|   | Name of Employer<br>Northwestern Memorial Hos-<br>pital        | Occupation<br>President  | n<br>t and Chief Executive Office   | <br>r   |  |  |
|   | Receipt For:   | Aggregate                | Year-to-Date ▼                      |   |  |  |
|   | Primary General Other (specify) ▼                              |                          | 500.00                              |   |  |  |
| <u> </u>  | Full Name (Last, First, Middle Initial) Mr. William B Leaver   |                          |                                     | Date of Receipt                                   |  |  |
|   | Mailing Address 2701 17th Street                               |                          |                                     | M M / D D / Y Y Y Y Y 1 1 2 2 0 2 0 0 6           |  |  |
|   | City   | State                    | Zip Code                            | Transaction ID: 13528510                          |  |  |
|   | Rock Island  | IL                       | 61201-5351                          | Amount of Each Receipt this Period                |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer Trinity Medical Center-West Receipt For: |  | C                        |                                     | 500.00  |  |  |
|   |  |                          | t and Chief Executive Office        | r   |  |  |
|   |  | Aggregate                | e Year-to-Date ▼                    |   |  |  |
|   | Primary General Other (specify) ▼                              |                          | 500.00                              | ]   |  |  |
| s   | UBTOTAL of Receipts This Page (optional)                       |                          |                                     | 1250.00   |  |  |
| T   | OTAL This Period (last page this line number of                | only)                    |                                     |   |  |  |

|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |              | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 228 (check only one)  X 11a 11b 11c 12  13 14 15 16 17                        |
|-------------------|--|--------------|--|--|
| Ar<br>or          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r  | atements may | y not be sold or used by any persodress of any political committee to        | n for the purpose of soliciting contributions solicit contributions from such committee.                 |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |              |  |  |
| <b>A.</b>         | Full Name (Last, First, Middle Initial) Mr. Martin Manning Mailing Address 3013 Mary Kay Lane  City Glenview  FEC ID number of contributing federal political committee.  Name of Employer Advocate Health Care  Receipt For: Primary General Other (specify)    |              | Zip Code<br>60026-1162<br>n<br>ecutive Officer<br>e Year-to-Date ▼           | Date of Receipt    M   |
| 3.                | Full Name (Last, First, Middle Initial) Mr. Kevin P Poorten  Mailing Address P O Box 707  City  Dekalb  FEC ID number of contributing federal political committee.  Name of Employer Kish Health System  Receipt For: Primary General Other (specify)            |              | Zip Code 60115-0707  n t and Chief Executive Officer e Year-to-Date ▼ 250.00 | Date of Receipt  M M M / 20 / 2006  Transaction ID: 13528512  Amount of Each Receipt this Period  250.00 |
| <b>D.</b>         | Full Name (Last, First, Middle Initial) Ms. Jean Przybylek Mailing Address 306 Highland  City Elmhurst  FEC ID number of contributing federal political committee.  Name of Employer Northwestern Memorial Hospital Receipt For: Primary General Other (specify) | -            | Zip Code<br>60126-2245<br>n<br>sident, Operations<br>e Year-to-Date ▼        | Date of Receipt  M M M / 20 / 2006  Transaction ID: 13528513  Amount of Each Receipt this Period  250.00 |
| s                 | UBTOTAL of Receipts This Page (optional)   |              | <b>)</b>   | 750.00   |
| т                 | OTAL This Period (last page this line number o   | nlv)         |  |  |

| SCHEDULE A (FEC Form 3X) |  |              | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 70 / 228                               |                      |  |
|--------------------------|--|--------------|-------------------------------------|--|----------------------|--|
| ITEMIZED RECEIPTS        |  |              | or each category of the             | (check only one)   |                      |  |
| II LIWIZLD RECEIP 13     |  |              | Detailed Summary Page               | X   11a   11b  | ☐ 11c ☐ 12 ☐         |  |
|                          |  |              |                                     | 13 14  | 15 16 17             |  |
| An                       | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements may | not be sold or used by any perso    | n for the purpose of solid                                   | citing contributions |  |
| Oi                       |  | name and add | dress of any political committee to | SOlicit Contributions from                                   | i sucri committee.   |  |
|                          | NAME OF COMMITTEE (In Full)  |              |                                     |  |                      |  |
| /                        | American Hospital Association PAC  |              |                                     |  |                      |  |
| <u>/</u>                 | Full Name (Last, First, Middle Initial)  |              |                                     |  |                      |  |
| A.                       | Mr. Robert G Senneff, , FACHE  |              |                                     | Date of Receipt  |                      |  |
|                          | Mailing Address 210 West Walnut Stree  | et           |                                     | M M / D D  |                      |  |
|                          |  |              |                                     | 12 20  |                      |  |
|                          | City   | State        | Zip Code                            | Transaction ID: 1  | 3528515              |  |
|                          | Princeton  | IL           | 61520-2497                          | Amount of Each R   | eceipt this Period   |  |
|                          | FEC ID number of contributing  | C            |                                     |  | 500.00               |  |
|                          | federal political committee.   | 0            |                                     |  |                      |  |
|                          | Name of Employer<br>Graham Hospital  | Occupation   | า                                   | -  |                      |  |
|                          | Graham Hospitál  | President    | t and Chief Executive Officer       |  |                      |  |
|                          | Receipt For:   | Aggregate    | e Year-to-Date ▼                    |  |                      |  |
|                          | Primary General  |              | 500,00                              |  |                      |  |
|                          | Other (specify)  |              | 500.00                              |  |                      |  |
|                          |  |              |                                     |  |                      |  |
| _                        | Full Name (Last, First, Middle Initial)  |              |                                     |  |                      |  |
| В.                       | Ms. Terri L. Allen   |              |                                     | Date of Receipt  |                      |  |
|                          | Mailing Address 1151 East Warrenville  | 12 20        | 2006                                |  |                      |  |
|                          | City   | State        | Zip Code                            |  |                      |  |
|                          | Naperville   | IL           | 60563-9339                          | Transaction ID: 13528547  Amount of Each Receipt this Period |                      |  |
|                          | •  |              | 00000 3000                          | Amount of Lacif A  | eceipi illis Fellou  |  |
|                          | FEC ID number of contributing federal political committee.                                     | C            |                                     |  | 12.50                |  |
|                          |  |              |                                     |  |                      |  |
|                          | Name of Employer<br>Illinois Hospital Associa-   | Occupation   |                                     |  |                      |  |
|                          | tion   |              | Manager                             | _  |                      |  |
|                          | Receipt For:   | Aggregate    | e Year-to-Date ▼                    |  |                      |  |
|                          | Primary General  |              | 312.50                              |  |                      |  |
|                          | Other (specify)  |              |                                     |  |                      |  |
| _                        | Full Name (Last, First, Middle Initial)  |              |                                     |  |                      |  |
| C.                       | Ms. Elena Butkus   |              |                                     | Date of Receipt  |                      |  |
|                          | Mailing Address 1151 E. Warrenville Ro   | ad           |                                     | M M / D D  |                      |  |
|                          |  |              |                                     | 12 20  |                      |  |
|                          | City   | State        | Zip Code                            | Transaction ID: 1  |                      |  |
|                          | Naperville   | <u> L</u>    | 60563-9339                          | Amount of Each R   | eceipt this Period   |  |
|                          | FEC ID number of contributing  | C            |                                     |  | 31.25                |  |
|                          | federal political committee.   |              |                                     |  |                      |  |
|                          | Name of Employer   | Occupation   | 1                                   |  |                      |  |
|                          | Illinois Hospital Associa-<br>tion   | Vice Pres    | sident, Finance                     |  |                      |  |
|                          |  | Aggregate    | e Year-to-Date ▼                    |  |                      |  |
| Primary General          |  |              | 1040.75                             |  |                      |  |
|                          | Other (specify)  |              | 1043.75                             |  |                      |  |
| _                        |  |              |                                     |  |                      |  |
|                          |  |              |                                     |  | E40.75               |  |
| s                        | UBTOTAL of Receipts This Page (optional)   |              | ·····                               |  | 543.75               |  |
|                          |  |              |                                     |  |                      |  |
| T                        | OTAL This Period (last page this line number of  | only)        |                                     |  |                      |  |

| SCHEDULE A (FEC Form 3X)                                   |  |  | Llas congreta cohodula(a)   | FOR LINE NUMBER: PAGE 71 / 228   |
|--|--|--|---|--|
| ITEMIZED RECEIPTS  |  | Use separate schedule(s) or each category of the |   | (check only one)   |
| TI LIWIZED RECEIP 13                                       |  |  | Detailed Summary Page   | X   11a   11b   11c   12   |
| Δ.   |  |  |   | 13 14 15 16 17   |
| or   | y information copied from such Reports and St<br>for commercial purposes, other than using the | name and add                                     | rnot be sold or used by any pers<br>dress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| $\setminus$  | NAME OF COMMITTEE (In Full)  |  |   |  |
|  | American Hospital Association PAC  |  |   |  |
| A.   | Full Name (Last, First, Middle Initial)<br>Mr. Mark Deaton                                     |  |   | Date of Receipt  |
|  | Mailing Address 740 North Hayes  |  |   | 12 20 20 2006  |
|  | City   | State  | Zip Code  | Transaction ID: 13528553   |
|  | Oak Park   | <u> </u>   | 60302-1706  | Amount of Each Receipt this Period   |
|  | FEC ID number of contributing federal political committee.                                     | C  |   | 20.83  |
|  | Name of Employer<br>Illinois Hospital Associa-<br>tion   | Occupation<br>Sr. VP, G                          | n<br>General Counsel  |  |
|  | Receipt For:   | Aggregate  | e Year-to-Date ▼  |  |
|  | Primary General  |  | 695.88  | 7  |
|  | Other (specify) ▼  |  | 030.00  |  |
| В.   | Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco                                      |  |   | Date of Receipt  |
| Ь.   | Mailing Address 1151 East Warrenville  | Road   |   | M M / D D / Y Y Y Y  |
|  | Walling Address 1131 Last Walleliville   | rioau  |   | 12 20 2006   |
|  | City   | State Zip Code                                   |   | Transaction ID: 13528554   |
|  | Naperville   | IL   | 60563-9339  | Amount of Each Receipt this Period   |
|  | FEC ID number of contributing federal political committee.                                     | C  |   | 31.25  |
|  | Name of Employer   | Occupation                                       | า   |  |
|  | Illinois Hospital Associa-<br>tion   |  | of Development  |  |
|  | Receipt For:   | Aggregate Year-to-Date ▼                         |   |  |
|  | Primary General  |  | 1043.75   | 1  |
|  | Other (specify) ▼  | 0 0  |   |  |
| C.   | Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia                                     |  |   | Date of Receipt  |
| ٠.   | Mailing Address 1151 E. Warrenville Ro   |  |   | M M / D D / Y Y Y Y  |
|  |  | •  |   | 12 20 2006   |
|  | City   | State  | Zip Code  | Transaction ID: 13528555   |
|  | Naperville   | IL   | 60563-9339  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee. |  | C  |   | 10.42  |
|  | Name of Employer<br>Illinois Hospital Associa-<br>tion   | Occupation Director,                             | n<br>Human Resources  |  |
|  | Receipt For:   | Aggregate  | e Year-to-Date ▼  |  |
|  | Primary General  |  | 343.86  | 7  |
| Other (specify)  |  |  |   |  |
| s  | UBTOTAL of Receipts This Page (optional)   |  |   | 62.50  |
| $\vdash$   | <u> </u>   |  | •   |  |
| т  | OTAL This Period (last page this line number of  | only)  |   |  |

| SCHEDII                   | LE A (EEC Form 3Y)                             |                      |  | FOR LINE NUMBER:                        | PAGE 72 / 228      |  |
|---------------------------|--|----------------------|--|---|--------------------|--|
| SCHEDULE A (FEC Form 3X)  |  |                      | Use separate schedule(s)                         | (check only one)                        |                    |  |
| ITEMIZEI                  | D RECEIPTS                                     |                      | or each category of the<br>Detailed Summary Page | X 11a 11b                               | 11c   12           |  |
|                           |  |                      | Detailed Summary Fage                            | 13 14                                   | 15 16 17           |  |
| Any information           | on copied from such Reports and Sta            | atements may         | not be sold or used by any perso                 | on for the purpose of solici            | ting contributions |  |
| or for commer             | cial purposes, other than using the r          | name and add         | dress of any political committee to              | solicit contributions from              | such committee.    |  |
| \ NAME OF                 | COMMITTEE (In Full)                            |                      |  |   |                    |  |
| Americar                  | n Hospital Association PAC                     |                      |  |   |                    |  |
| Full Name  Ms. Barbar     | (Last, First, Middle Initial)<br>a Filliung    |                      |  | Date of Receipt                         |                    |  |
| Mailing Ad                | dress 1013 59th Street                         |                      |  | 1 2 D D D D D D D D D D D D D D D D D D | 2006               |  |
| City                      |  | State                | Zip Code   | Transaction ID: 13                      | 528556             |  |
| <u>Lisle</u>              |  | IL                   | 60532-3122                                       | Amount of Each Re                       | ceipt this Period  |  |
|                           | imber of contributing itical committee.        | C                    |  |   | 10.42              |  |
|                           | mployer<br>spital Associa-                     | Occupation Director. | n<br>Government Relations                        |   |                    |  |
| tion<br>Receipt Fo        | or:  |                      | Year-to-Date ▼                                   |   |                    |  |
| Prim                      |  |                      | <del></del>                                      | 1                                       |                    |  |
| Othe                      | er (specify) 🔻                                 | 0 0                  | 343.86   |   |                    |  |
| Full Name  3. Mr. Brian F | (Last, First, Middle Initial)<br>oster         |                      |  | Date of Receipt                         |                    |  |
| Mailing Ad                | dress 1151 E. Warrenville Rd<br>PO Box 3015    | 1 2 D D 2 0          | 2006   |   |                    |  |
| City                      | City State Zip Code                            |                      |  |   | 528557             |  |
| <u>Napervill</u>          | <u>e</u>                                       | <u> </u>             | 60563-9339                                       | Amount of Each Re                       | ceipt this Period  |  |
|                           | imber of contributing itical committee.        | C                    |  |   | 20.83              |  |
|                           | mployer<br>spital Associa-                     | Occupation Vice Pres |  |   |                    |  |
| tion<br>Receipt Fo        | or:  | 1                    | Year-to-Date ▼                                   |   |                    |  |
| Prim                      |  | 39 - 3               |  | 1                                       |                    |  |
| Othe                      | er (specify) 🔻                                 | 0 0                  | 695.89   |   |                    |  |
|                           | (Last, First, Middle Initial)<br>a Lynn Gamrat |                      |  | Date of Receipt                         |                    |  |
| Mailing Ad                | dress 1911 Hamilton Street                     |                      |  | 12 20                                   | 2006               |  |
| City                      |  | State                | Zip Code   | Transaction ID: 13                      | 528558             |  |
| Murphys                   | boro   | IL                   | 62966-1519                                       | Amount of Each Re                       | ceipt this Period  |  |
| FEC ID nu                 | imber of contributing                          |                      | 1 1 1 1 1  |   | 7.81               |  |
| federal pol               | itical committee.                              | C                    |  |   | 7.01               |  |
| Name of E<br>St. Joseph   | mployer<br>n Memorial Hospi-                   | Occupation           |  |   |                    |  |
| tal                       |  | Administ             |  |   |                    |  |
| Receipt Fo                |  | Aggregate            | Year-to-Date ▼                                   |   |                    |  |
|                           | er (specify)                                   |                      | 257.89   |   |                    |  |
| Out                       | (Spoon)) <b>\</b>                              | 1 1                  | 0 0 0 0 0 0 0                                    | 4                                       |                    |  |
| SUBTOTAL                  | of Receipts This Page (optional)               |                      |  |   | 39.06              |  |
|                           |  |                      |  | -                                       |                    |  |
| TOTAL This                | Period (last page this line number o           | nly)                 | <b>&gt;</b>                                      |   |                    |  |

| SCHEDULE A (FEC Form 3X) |  |                            | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 73 / 228  |
|--------------------------|--|----------------------------|---|---|
| •                        |  |                            | or each category of the   | (check only one)  |
| ITEMIZED RECEIPTS        |  |                            | Detailed Summary Page   | X 11a 11b 11c 12  |
|                          |  |                            | ., .,   | 13 14 15 16 17  |
| Ar<br>or                 | ly information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions oscilicit contributions from such committee. |
| $\setminus$              | NAME OF COMMITTEE (In Full)  |                            |   |   |
| $\rangle$                | American Hospital Association PAC  |                            |   |   |
| Α.                       | Full Name (Last, First, Middle Initial)<br>Ms. Ann C. Guild  |                            |   | Date of Receipt   |
|                          | Mailing Address 1151 E. Warrenville Rd. PO Box 3015  |                            |   | 12 20 2006  |
|                          | City   | State                      | Zip Code  | Transaction ID: 13528560  |
|                          | Naperville   | IL                         | 60563-9339  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.   | C                          |   | 20.83   |
|                          | Name of Employer<br>Illinois Hospital Associa-<br>tion   | Occupation<br>Assistant    | n<br>t Vice President   |   |
|                          | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|                          | Primary General  | 1 1                        | 205.00  | 1   |
|                          | Other (specify) ▼  |                            | 695.88  |   |
| В.                       | Full Name (Last, First, Middle Initial)<br>Mr. Ed Holzhauer  |                            |   | Date of Receipt   |
|                          | Mailing Address 1755 Maple Lane  |                            |   | 12 20 2006  |
|                          | City   | State                      | Zip Code  | Transaction ID: 13529114  |
|                          | Wheaton  | IL                         | 60187-3317  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing  |                            |   | 07.50   |
|                          | federal political committee.   | C                          |   | 37.50   |
|                          | Name of Employer<br>Central DuPage Hospital  | Occupation President       |   |   |
|                          | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|                          | Primary General  |                            | 027.50  | 1   |
|                          | Other (specify) ▼  |                            | 937.50  |   |
| <u> </u>                 | Full Name (Last, First, Middle Initial) Ms. Teresa Hursey  |                            |   | Date of Receipt   |
|                          | Mailing Address 1151 East Warrenville R  | Road                       |   | 12 20 2006  |
|                          | City   | State                      | Zip Code  | Transaction ID: 13529115  |
|                          | Naperville   | IL                         | 60563-9339  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.   |                            |   | 31.25   |
|                          | Name of Employer<br>Illinois Hospital Associa-<br>tion   | Occupation Vice Pres       | n<br>sident, Finance  |   |
|                          | Receipt For:   | 1                          | e Year-to-Date ▼  |   |
|                          | Primary General  | 33 3                       |   | 1 I   |
|                          | Other (specify) ▼  |                            | 1043.75   |   |
| s                        | UBTOTAL of Receipts This Page (optional)   |                            |   | 89.58   |
| ∟                        |  |                            |   |   |

| 21            | CHEDULE A (FEC Form 3X)   |   |  | FOR LINE NUMBER: PAGE 74 / 228                                   |
|---------------|---|---|--|--|
|               |   |   | Use separate schedule(s)   | (check only one)   |
| IT            | EMIZED RECEIPTS   |   | or each category of the<br>Detailed Summary Page   | X 11a 11b 11c 12   |
|               |   |   | Detailed Summary Page  | 13 14 15 16 17   |
| Δn            | y information copied from such Reports and Sta  | toments may   | not be sold or used by any nerse   |  |
| or            | for commercial purposes, other than using the n   | ame and add   | lress of any political committee to  | solicit contributions from such committee.                       |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |   |  |  |
| \             | • • •   |   |  |  |
| /             | American Hospital Association PAC   |   |  |  |
| _             | Full Name (Last, First, Middle Initial)   |   |  |  |
| Δ.            | Ms. Susan Kaufman   |   |  | Date of Receipt  |
| •             | Mailing Address 1151 E. Warranville Rd.   |   |  | M M / D D / Y Y Y Y  |
|               | TIST E. Wallallville Hu.  |   |  | 12 20 2006   |
|               | City  | State   | Zip Code   | Transaction ID: 13529117   |
|               | Naperville  | II  | 60563-9339   | Amount of Each Receipt this Period                               |
|               | -   |   | 00000 0000   | Amount of Lacif Receipt this Period                              |
|               | FEC ID number of contributing   | C   |  | 10.50  |
|               | federal political committee.  |   |  |  |
|               | Name of Employer<br>Illinois Hospital Associa-  | Occupation  | 1  |  |
|               |   | Assistant   | Vice President   |  |
|               | tion Receipt For:   |   | Year-to-Date ▼   |  |
|               | Primary General   | 199.19  |  | 1  |
|               | Other (specify)   |   | 346.50   |  |
|               | - 1 1 (ap 1 2) V  | 0 0   | 0 0 0 0 0 0 0  | 4  |
|               | Full Name (Last, First, Middle Initial)   |   |  |  |
| 3.            | Ms. Nichole Magalis   |   |  | Date of Receipt  |
|               | Mailing Address 1151 East Warrenville R   | load  |  | M M / D D / Y Y Y Y  |
|               |   |   |  | 12 20 2006   |
|               | City  | State   | Zip Code   | Transaction ID: 13529119   |
|               |   |   |  |  |
|               | Naperville  | IL  | 60563-9339   | Amount of Each Receipt this Period                               |
|               | Naperville  | <u>IL</u>   | 60563-9339   | Amount of Each Receipt this Period                               |
|               | FEC ID number of contributing   | C   | 60563-9339   | Amount of Each Receipt this Period                               |
|               |   | C   | 60563-9339   |  |
|               | FEC ID number of contributing federal political committee.  | C Occupation  |  |  |
|               | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Associa-   | Occupation  |  |  |
|               | FEC ID number of contributing federal political committee.  | Occupation Director,  | 1  |  |
|               | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  | Occupation Director,  | Government Relations Year-to-Date ▼  |  |
|               | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:  | Occupation Director,  | n<br>Government Relations  |  |
|               | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:  Primary General   | Occupation Director,  | Government Relations Year-to-Date ▼  |  |
|               | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:  Primary General   | Occupation Director,  | Government Relations Year-to-Date ▼  |  |
|               | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  | Occupation Director,  | Government Relations Year-to-Date ▼  |  |
| <b>D.</b>     | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa  | Occupation<br>Director,<br>Aggregate  | Government Relations Year-to-Date ▼  | Date of Receipt  |
| <br>C.        | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  | Occupation<br>Director,<br>Aggregate  | Government Relations Year-to-Date ▼  343.86  | Date of Receipt    M M   |
| <br>C.        | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa  | Occupation<br>Director,<br>Aggregate  | Government Relations Year-to-Date ▼  | Date of Receipt  |
| <b>C</b> .    | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  | Occupation<br>Director,<br>Aggregate  | Government Relations Year-to-Date ▼  343.86  | Date of Receipt    M M   |
| <b>C</b> .    | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  Naperville  | Occupation<br>Director,<br>Aggregate  | Government Relations Year-to-Date ▼  343.86  Zip Code  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b></b>       | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  | Occupation<br>Director,<br>Aggregate  | Government Relations Year-to-Date ▼  343.86  Zip Code  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y |
| <b></b> -     | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  | Occupation Director, Aggregate ad State IL                                      | To Government Relations  Year-to-Date ▼  343.86  Zip Code 60563-9339                               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>C</b> .    | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer  | Occupation Director, Aggregate  Id  State IL  Occupation                        | To Government Relations  Year-to-Date ▼  343.86  Zip Code 60563-9339                               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>D.</b>     | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roap PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association   | Occupation Director, Aggregate  State IL  Occupation Vice Pres                  | To Government Relations  Year-to-Date ▼  343.86  Zip Code 60563-9339                               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| C.            | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:                            | Occupation Director, Aggregate  State IL  Occupation Vice Pres                  | To Government Relations  Year-to-Date ▼  343.86  Zip Code 60563-9339                               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>D.</b>     | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General            | Occupation Director, Aggregate  State IL  Occupation Vice Pres                  | To Government Relations  Year-to-Date ▼  343.86  Zip Code 60563-9339  Sident  Year-to-Date ▼       | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>D.</b>     | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:                            | Occupation Director, Aggregate  State IL  Occupation Vice Pres                  | To Government Relations  Year-to-Date ▼  343.86  Zip Code 60563-9339                               | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>D.</b>     | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General            | Occupation Director, Aggregate  State IL  Occupation Vice Pres                  | To Government Relations  Year-to-Date ▼  343.86  Zip Code 60563-9339  Sident  Year-to-Date ▼       | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>D.</b>     | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General            | Occupation Director, Aggregate  State IL  Occupation Vice Pres                  | To Government Relations  Year-to-Date ▼  343.86  Zip Code 60563-9339  Sident  Year-to-Date ▼       | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |
| S.            | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges  Mailing Address 1151 E. Warrenville Roa PO Box 3015  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General            | Occupation Director, Aggregate  Id  State IL  C  Occupation Vice Pres Aggregate | Tip Code 60563-9339  Disident Year-to-Date ▼  1043.75  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |
| S.            | FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges Mailing Address 1151 E. Warrenville Roap O Box 3015  City Naperville FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) | Occupation Director, Aggregate  Id  State IL  C  Occupation Vice Pres Aggregate | Government Relations  Year-to-Date ▼  343.86  Zip Code 60563-9339  dident  Year-to-Date ▼  1043.75 | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |

| SCHEDULE A (FEC Form 3X)  |                                | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 75 / 228  |
|---|--------------------------------|---|---|
| ITEMIZED RECEIPTS   |                                | or each category of the Detailed Summary Page                         | (check only one)    X   11a   |
| Any information copied from such Reports and S or for commercial purposes, other than using the         | Statements may<br>name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC   |                                |   |   |
| Full Name (Last, First, Middle Initial)  Mr. Howard A. Peters, III  Mailing Address 4109 Southwoods Roa | ad                             |   | Date of Receipt  1 2 2 0 2 0 6  |
| City<br>Springfield   | State<br>IL                    | Zip Code<br>62707-6070  | Transaction ID: 13529123  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.  | С                              |   | 31.25   |
| Name of Employer Illinois Hospital Associa- tion Receipt For:  Primary General Other (specify) ▼        |                                | n<br>ice President<br>e Year-to-Date ▼<br>1043.75                     |   |
| Full Name (Last, First, Middle Initial)  Mr. John J. Raleigh  Mailing Address 1141 East Warrenville     | Road                           |   | Date of Receipt   |
| City  | State                          | Zip Code  | 1 2 2 0 2 0 0 6  Transaction ID: 13529125   |
| <u>Naperville</u>   | IL                             | 60563-1493  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                              |   | 125.00  |
| Name of Employer<br>Illinois Hospital Associa-<br>tion  | Occupation Vice Pres           |   |   |
| Receipt For: Primary General Other (specify)  | Aggregate                      | e Year-to-Date ▼ 750.00   |   |
| Full Name (Last, First, Middle Initial)  C. Mr. Kenneth C. Robbins                                      |                                |   | Date of Receipt   |
| Mailing Address 1531 Maria Court  |                                |   | 1 2 2 0 6 2 0 0 6   |
| City  | State                          | Zip Code  | Transaction ID: 13529128  |
| Wheaton   | <u>IL</u>                      | 60187-3777  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C                              |   | 31.25   |
| Name of Employer<br>Illinois Hospital Associa-<br>tion  | Occupation Presiden            | t   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>1043.75   |   |
| SUBTOTAL of Receipts This Page (optional)   |                                |   | 187.50  |
| TOTAL This Period (last page this line number   | only)                          |   |   |

| 2  | CHEDULE A (FEC Form 3X)                                     |             |                                     | FOR LINE NUMBER: PAGE 76/2                 | 28         |
|----|---|-------------|-------------------------------------|--|------------|
|    | -   |             | Use separate schedule(s)            | (check only one)                           |            |
| IT | EMIZED RECEIPTS   |             | or each category of the             | X 11a 11b 11c 12                           |            |
|    |   |             | Detailed Summary Page               | 13 14 15 16                                | □ 17       |
| Δn | y information copied from such Reports and Stat             | tomonte may | unot be sold or used by any perso   |  |            |
| or | for commercial purposes, other than using the na            | ame and add | dress of any political committee to | solicit contributions from such committee. | •          |
| _  | NAME OF COMMITTEE (In Full)                                 |             |                                     |  |            |
| /  | , ,   |             |                                     |  |            |
| /  | American Hospital Association PAC                           |             |                                     |  |            |
| _  | E. H. N. L. and Charles In Market Land Co.                  |             |                                     | 1  |            |
| Δ  | Full Name (Last, First, Middle Initial)<br>Mr. Gary A Meyer |             |                                     | Date of Receipt                            |            |
| ٦. |   |             |                                     | <del>-</del>                               |            |
|    | Mailing Address P O Box 2349                                |             |                                     | 12 29 2000                                 |            |
|    | City  | State       | Zip Code                            |  |            |
|    | _ *   |             | •                                   | Transaction ID: 13547635                   |            |
|    | Seymour   | IN          | 47274-5000                          | Amount of Each Receipt this Period         |            |
|    | FEC ID number of contributing                               | С           |                                     | 250.0                                      | 00         |
|    | federal political committee.                                |             |                                     | 200.0                                      | , ,        |
|    | Name of Caralana  | 0           |                                     | 4  |            |
|    | Name of Employer<br>Schneck Medical Center                  | Occupation  |                                     |  |            |
|    |   |             | t and Chief Executive Officer       |  |            |
|    | Receipt For:  | Aggregate   | e Year-to-Date ▼                    |  |            |
|    | Primary General   |             | 250.00                              |  |            |
|    | Other (specify) ▼   |             | 250.00                              |  |            |
|    |   |             |                                     |  |            |
| _  | Full Name (Last, First, Middle Initial)                     |             |                                     |  |            |
| 3. | Mr. Leslie Lacy   |             |                                     | Date of Receipt                            |            |
|    | Mailing Address P O Box 547                                 |             |                                     | M M / D D / Y Y Y                          |            |
|    |   |             |                                     | 12 29 200                                  | 6          |
|    | City  | State       | Zip Code                            | Transaction ID: 13547651                   |            |
|    | Saint Francis   | KS          | 67756-0547                          | Amount of Each Receipt this Period         |            |
|    | FEC ID number of contributing                               |             |                                     | 075.0                                      | \ <u>\</u> |
|    | federal political committee.                                | C           |                                     | 275.0                                      | 00         |
|    | ·   |             |                                     |  |            |
|    | Name of Employer<br>Cheyenne County Hospital                | Occupation  | n                                   |  |            |
|    | Cheyenne County Hospital                                    | Administ    | rator                               |  |            |
|    | Receipt For:  | Aggregate   | e Year-to-Date ▼                    |  |            |
|    | Primary General   |             |                                     | 1  |            |
|    | Other (specify) ▼   |             | 275.00                              |  |            |
|    |   |             |                                     |  |            |
|    | Full Name (Last, First, Middle Initial)                     |             |                                     |  |            |
| Э. | Mr. Thomas L. Bell  |             |                                     | Date of Receipt                            |            |
|    | Mailing Address 4301 NW Valley Road                         |             |                                     | M M / D D / Y Y Y                          |            |
|    |   |             |                                     | 12 29 200                                  | 6          |
|    | City  | State       | Zip Code                            | Transaction ID: 13547659                   |            |
|    | Topeka  | KS          | 66618-3445                          | Amount of Each Receipt this Period         |            |
|    | FEC ID number of contributing                               |             |                                     | 1 1 1 1 1 1 1                              |            |
|    | federal political committee.                                | C           |                                     | 250.0                                      | 00         |
|    |   |             |                                     |  |            |
|    | Name of Employer<br>Kansas Hospital Associati-              | Occupation  | n                                   |  |            |
|    | on Associati-   | President   | t                                   |  |            |
|    | Receipt For:  | Aggregate   | e Year-to-Date ▼                    |  |            |
|    | Primary General   |             |                                     | 1  |            |
|    | Other (specify) ▼   |             | 442.31                              |  |            |
|    |   |             |                                     | 1  |            |
|    | L   |             |                                     |  |            |
| e  | IRTOTAL of Possints This Base (entianel)                    |             |                                     | 775.0                                      | 0          |
| 3  | UBTOTAL of Receipts This Page (optional)                    |             | ·······                             |  |            |
| _  |   |             |                                     |  |            |
| T  | OTAL This Period (last page this line number or             | nly)        | <b>)</b>                            |  |            |

| SI                | CHEDULE A (FEC Form 3X)  |                            |   | FOR LINE NUMBER:  | PAGE 77 / 228                        |
|-------------------|--|----------------------------|---|---|--------------------------------------|
|                   | -  |                            | Use separate schedule(s) or each category of the                        | (check only one)  |                                      |
| H                 | EMIZED RECEIPTS  |                            | Detailed Summary Page   | X 11a 11b   | 11c                                  |
|                   |  |                            | ,   | 13 14   | 15 16 17                             |
| Ar<br>or          | ly information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of solicit<br>solicit contributions from s | ing contributions<br>such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full)  |                            |   |   |                                      |
| $\rangle$         | American Hospital Association PAC  |                            |   |   |                                      |
| ۹.                | Full Name (Last, First, Middle Initial)<br>Mr. Thomas L. Bell                                      |                            |   | Date of Receipt   |                                      |
|                   | Mailing Address 4301 NW Valley Road  |                            |   | 12 29   | 2006                                 |
|                   | City   | State                      | Zip Code  | Transaction ID: 13  | 547660                               |
|                   | Topeka   | KS                         | 66618-3445  | Amount of Each Rec  | ceipt this Period                    |
|                   | FEC ID number of contributing federal political committee.   | C                          |   |   | 57.69                                |
|                   | Name of Employer<br>Kansas Hospital Associati-<br>on   | Occupation<br>President    |   |   |                                      |
|                   | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |                                      |
|                   | Primary General  |                            | E00.00  | 1   |                                      |
|                   | Other (specify)  | 0 0                        | 500.00  |   |                                      |
| 3.                | Full Name (Last, First, Middle Initial)<br>Mr. Fred J. Lucky                                       |                            |   | Date of Receipt   |                                      |
|                   | Mailing Address 14607 West 89th Street   |                            |   | 12 / 29   | 2006                                 |
|                   | City   | State                      | Zip Code  | Transaction ID: 13  | 547661                               |
|                   | <u>Lenexa</u>  | KS                         | 66215-2967  | Amount of Each Rec  | ceipt this Period                    |
|                   | FEC ID number of contributing federal political committee.   | C                          |   |   | 57.69                                |
|                   | Name of Employer<br>Kansas Hospital Associati-   | Occupation                 |   |   |                                      |
|                   | on   |                            | ce President  |   |                                      |
|                   | Receipt For: Primary General   | Aggregate                  | e Year-to-Date ▼  |   |                                      |
|                   | Other (specify)  |                            | 249.98  |   |                                      |
| <br>C.            | Full Name (Last, First, Middle Initial) Ms. Deborah Frey Stern                                     |                            |   | Date of Receipt   |                                      |
|                   | Mailing Address 3010 Clark Court   |                            |   | 12 29   | 2006                                 |
|                   | City   | State                      | Zip Code  | Transaction ID: 13  | 547662                               |
|                   | Topeka   | KS                         | 66604-2660  | Amount of Each Rec  | ceipt this Period                    |
|                   | FEC ID number of contributing federal political committee.   | С                          |   |   | 28.86                                |
|                   | Name of Employer<br>Kansas Hospital Associati-<br>on   | Occupation Vice Pres       |   |   |                                      |
|                   | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |                                      |
|                   | Primary General  |                            | 212.56  | 1   |                                      |
|                   | Other (specify) ▼  |                            | 212.30  |   |                                      |
| s                 | UBTOTAL of Receipts This Page (optional)   |                            |   |   | 144.24                               |
| Т                 | OTAL This Period (last page this line number or  | ılv)                       |   |   |                                      |
| -                 | (  | ,,                         |   |   |                                      |

| SCHEDULE A (FEC F  | orm 3Y\                       |  | FOR LINE NUMBER:              | PAGE 78 / 228     |
|--|-------------------------------|--|-------------------------------|-------------------|
|  | -                             | Use separate schedule(s)                         | (check only one)              |                   |
| ITEMIZED RECEIPTS  | 3                             | or each category of the<br>Detailed Summary Page | X 11a 11b                     | 11c               |
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| Any information copied from such                           | Reports and Statements may    | not be sold or used by any pers                  | on for the purpose of solicit | ing contributions |
| or for commercial purposes, other                          | r than using the name and add | lress of any political committee to              | solicit contributions from s  | such committee.   |
| NAME OF COMMITTEE (In F                                    | -ull)                         |  |                               |                   |
| American Hospital Assoc                                    | iation PAC                    |  |                               |                   |
| Full Name (Last, First, Middle<br>A. Mr. Bruce P Bailey    | Initial)                      |  | Date of Receipt               |                   |
| Mailing Address Drawer 1                                   | 718                           |  | 1 2 2 9                       | 2006              |
| City   | State                         | Zip Code   | Transaction ID: 13            | 547829            |
| Georgetown   | SC                            | 29442-1718                                       | Amount of Each Red            |                   |
| FEC ID number of contributing federal political committee. | C                             |  |                               | 500.00            |
| Name of Employer<br>Georgetown Memorial Hospi-<br>tal      | Occupation Chief Exe          | n<br>ecutive Officer                             |                               |                   |
| Receipt For:   | Aggregate                     | Year-to-Date ▼                                   |                               |                   |
| Primary Gener  | al                            | 500.00   | 1                             |                   |
| Other (specify) ▼  | 0 0                           | 500.00   |                               |                   |
| Full Name (Last, First, Middle<br>Mr. Michael J Biediger   | Initial)                      |  | Date of Receipt               |                   |
| Mailing Address 2720 Sun                                   | set Boulevard                 |  | 12 / 29                       | 2006              |
| City   | State                         | Zip Code   | Transaction ID: 13            | 547840            |
| West Columbia  | SC                            | 29169-4810                                       | Amount of Each Red            | ceipt this Period |
| FEC ID number of contributing federal political committee. | C                             |  |                               | 500.00            |
| Name of Employer<br>Lexington Medical Center               | Occupation President          | n<br>t and Chief Executive Office                | r                             |                   |
| Receipt For:   | Aggregate                     | Year-to-Date ▼                                   |                               |                   |
| Primary Gener Other (specify) ▼                            | ral                           | 500.00   | 1                             |                   |
|  |                               |  |                               |                   |
| Full Name (Last, First, Middle Dr. Richard Boyer           | Initial)                      |  | Date of Receipt               |                   |
| Mailing Address 6143 Han                                   | npton Ridge                   |  | 12 / 29                       | 2006              |
| City   | State                         | Zip Code   | Transaction ID: 13            | 547842            |
| Columbia   | SC                            | 29209-1308                                       | Amount of Each Red            | ceipt this Period |
| FEC ID number of contributing federal political committee. | C                             |  |                               | 500.00            |
| Name of Employer<br>Sisters of Charity Provid-             | Occupation                    | 1  |                               |                   |
| ence Hospital  | Director of                   | of Emergency Department                          |                               |                   |
| Receipt For:   |                               | Year-to-Date ▼                                   |                               |                   |
| Primary Gener  | al                            | 1000.00  | 7                             |                   |
| Other (specify)  | 0 0                           | 0 0 0 0 0 0                                      | _                             |                   |
| SUBTOTAL of Receipts This Pa                               | age (optional)                |  |                               | 1500.00           |
|  |                               |  |                               |                   |
| TOTAL This Period (last page the                           | his line number only)         |  |                               |                   |

| SCHEDULE A (FEC Form 3X) |  | Use separate schedule(s)     | FOR LINE NUMBER: PAGE 79 / 228  |  |  |  |
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| ITEMIZED RECEIPTS        |  |                              | or each category of the   | (check only one)   |  |  |
| II EIVIIZED RECEIP 13    |  |                              | Detailed Summary Page   | X 11a  |  |  |
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| Ar                       | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
|                          | NAME OF COMMITTEE (In Full)  |                              |   |  |  |  |
|                          | American Hospital Association PAC  |                              |   |  |  |  |
| Α.                       | Full Name (Last, First, Middle Initial)<br>Mr. Jay Cox   |                              |   | Date of Receipt  |  |  |
|                          | Mailing Address 129 North Washington   | Street                       |   | 12 29 2006   |  |  |
|                          | City   | State                        | Zip Code  | Transaction ID: 13547844   |  |  |
|                          | Sumter   | SC                           | 29150-4983  | Amount of Each Receipt this Period   |  |  |
|                          | FEC ID number of contributing federal political committee.   | C                            |   | 500.00   |  |  |
|                          | Name of Employer<br>Tuomey Healthcare System   | Occupatio<br>Presiden        | n<br>t and Chief Executive Officer  |  |  |  |
|                          | Receipt For: Primary General Other (specify)   | Aggregate                    | e Year-to-Date ▼<br>1000.00   |  |  |  |
| —<br>В.                  | Full Name (Last, First, Middle Initial)<br>Mr. Thomas C Dandridge                                  |                              |   | Date of Receipt  |  |  |
|                          | Mailing Address 3000 St Matthews Road  | 12 29 7 2006                 |   |  |  |  |
|                          | City   | State                        | Zip Code  | Transaction ID: 13547848   |  |  |
|                          | Orangeburg   | SC                           | 29118-1442  | Amount of Each Receipt this Period   |  |  |
|                          | FEC ID number of contributing federal political committee.   | C                            |   | 500.00   |  |  |
|                          | Name of Employer<br>Regional Medical Center<br>of Orangeburg                                       | Occupatio<br>Presiden        |   |  |  |  |
|                          | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |  |  |  |
|                          | Primary General Other (specify) ▼  |                              | 1000.00   |  |  |  |
| <u> </u>                 | Full Name (Last, First, Middle Initial) Ms Lisa Goodlett   |                              |   | Date of Receipt  |  |  |
|                          | Mailing Address 3000 St Matthews Road  | 12 29 2006                   |   |  |  |  |
|                          | City   | State                        | Zip Code  | Transaction ID: 13547852   |  |  |
|                          | Orangeburg   | SC                           | 29118-1442  | Amount of Each Receipt this Period   |  |  |
|                          | FEC ID number of contributing federal political committee.   | C                            |   | 1000.00  |  |  |
|                          | Name of Employer<br>Regional Medical Center<br>of Orangeburg                                       | Occupatio<br>Vice Pres       | n<br>sident Finance   |  |  |  |
|                          | Receipt For: Primary General Other (specify)   | Aggregate                    | e Year-to-Date ▼<br>1000.00   |  |  |  |
| s                        | UBTOTAL of Receipts This Page (optional)   |                              |   | 2000.00  |  |  |

| SI              | CHEDULE A (FEC Form 3X)   |                            |   | FOR LINE NUMBER:  | PAGE 80 / 228                    |
|-----------------|---|----------------------------|---|---|----------------------------------|
|                 | -   |                            | Use separate schedule(s) or each category of the                        | (check only one)  |                                  |
| H               | EMIZED RECEIPTS   |                            | Detailed Summary Page   | X 11a  11b  1   | 11c 🔲 12                         |
|                 |   |                            | , 0   | 13 14   | 15 16 17                         |
| An<br>or        | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting solicit contributions from suc | g contributions<br>ch committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)   |                            |   |   |                                  |
| $\rangle$       | American Hospital Association PAC   |                            |   |   |                                  |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Edmond R. Jordan                                       |                            |   | Date of Receipt   |                                  |
|                 | Mailing Address 201 Graylyn Drive   |                            |   | 12 / 29   | 2006                             |
|                 | City  | State                      | Zip Code  | Transaction ID: 1354  |                                  |
|                 | Anderson  | SC                         | 29621-1985  | Amount of Each Recei  | pt this Period                   |
|                 | FEC ID number of contributing federal political committee.  | C                          |   |   | 500.00                           |
|                 | Name of Employer<br>AnMED Health Medical Cent-  | Occupation<br>Director     | n<br>of Urgent Care   |   |                                  |
|                 | er<br>Receipt For:  | 1                          | e Year-to-Date ▼  | _   |                                  |
|                 | Primary General   |                            |   | 1   |                                  |
|                 | Other (specify)   | 0 0                        | 1000.00   | ]   |                                  |
| 3.              | Full Name (Last, First, Middle Initial) Dr. Joseph Modzelewski                                    |                            |   | Date of Receipt   |                                  |
|                 | Mailing Address 2435 Forest Drive   |                            |   | 1 2 / D D /   | 2006                             |
|                 | City  | State                      | Zip Code  | Transaction ID: 1354  | 7855                             |
|                 | Columbia  | SC                         | 29204-2026  | Amount of Each Recei  | pt this Period                   |
|                 | FEC ID number of contributing federal political committee.  | C                          |   |   | 500.00                           |
|                 | Name of Employer<br>Sisters of Charity Provid-  | Occupation                 |   |   |                                  |
|                 | ence Hospital   |                            | ef of Medical Staff   |   |                                  |
|                 | Receipt For: Primary General  | Aggregate                  | e Year-to-Date ▼  | .   |                                  |
|                 | Other (specify)   |                            | 1000.00   |   |                                  |
|                 | Full Name (Last, First, Middle Initial) Michael Riordan   |                            |   | Date of Receipt   |                                  |
| ••              | Mailing Address 4 White Crescent Lane   |                            |   | M M / D D /   | YYYYY                            |
|                 |   |                            |   | 12 29   | 2006                             |
|                 | City  | State                      | Zip Code  | Transaction ID: 1354  | 7856                             |
|                 | Simpsonville  | SC                         | 29681-3614  | Amount of Each Recei  | pt this Period                   |
|                 | FEC ID number of contributing federal political committee.  | C                          |   |   | 500.00                           |
|                 | Name of Employer<br>Greenville Hospital System  | Occupation<br>President    | n<br>t and CEO  |   |                                  |
|                 | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |   |                                  |
|                 | Primary General   |                            | 1000.00   | 1   |                                  |
|                 | Other (specify)   | 0 0                        | 1000.00   | J   |                                  |
| s               | UBTOTAL of Receipts This Page (optional)  |                            |   |   | 1500.00                          |
|                 |   |                            | <u> </u>  |   |                                  |
| T               | OTAL This Period (last page this line number or   | าly)                       | <b>)</b>  |   |                                  |

| S                      | CHEDULE A (FEC Form 3X)  |                              | Use separate schedule(s)   | FOR LINE NUMBER   | : PAGE 81 / 228                           |
|------------------------|--|------------------------------|--|---|---|
| ITEMIZED RECEIPTS      |  |                              | or each category of the  | (check only one)  |   |
| II LIVIIZED RECEIP I 3 |  |                              | Detailed Summary Page  | X 11a 11b   | 11c   12                                  |
|                        |  |                              |  | 13 14   | 15 16 17                                  |
| Ar                     | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements may<br>name and add | / not be sold or used by any persol<br>dress of any political committee to | n for the purpose of soli<br>solicit contributions fron | citing contributions<br>n such committee. |
|                        | NAME OF COMMITTEE (In Full)  |                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                    |   |   |
| $  \rangle$            | American Hospital Association PAC  |                              |  |   |   |
|                        | 7 in ordan mospital mossibility is   |                              |  |   |   |
| _                      | Full Name (Last, First, Middle Initial)  |                              |  |   |   |
| A.                     | Mr. Stuart Smith   |                              |  | Date of Receipt   |   |
|                        | Mailing Address 169 Ashley Avenue  |                              |  | 1 2 2 2 S   | 9 2006                                    |
|                        | City   | State                        | Zip Code   |   |   |
|                        | Charleston   | SC                           | 29403-5836   | Transaction ID: 1                                       |   |
|                        |  | 30                           | 29403-3636   | Amount of Each F  | Receipt this Period                       |
|                        | FEC ID number of contributing federal political committee.                                     | C                            |  |   | 500.00                                    |
|                        |  |                              |  |   |   |
|                        | Name of Employer<br>MUSC Medical Center of Me-   | Occupation                   |  |   |   |
|                        | dical Univers  |                              | sident Clinical Operations and   | <u>d</u>  |   |
|                        | Receipt For:   | Aggregate                    | e Year-to-Date ▼   |   |   |
|                        | Primary General Other (specify) ▼  |                              | 1000.00  |   |   |
|                        | Other (specify)  |                              |  |   |   |
| _                      | Full Name (Last, First, Middle Initial)  |                              |  |   |   |
| В.                     |  |                              |  | Date of Receipt   |   |
|                        | Mailing Address One Medical Center Dr  | ive                          |  |   | ) / Y " Y " Y " Y                         |
|                        |  |                              |  | 12 2  | 2006                                      |
|                        | City   | State Zip Code               |  | Transaction ID: 1                                       | 3547889                                   |
|                        | Lebanon  | NH                           | 03756-0001   | Amount of Each F  | Receipt this Period                       |
|                        | FEC ID number of contributing  | C                            |  |   | 250.00                                    |
|                        | federal political committee.   | 9                            |  |   |   |
|                        | Name of Employer<br>Dartmouth-Hitchcock Medic-   | Occupation                   | n  |   |   |
|                        | Dartmouth-Hitchcock Medic-<br>al Center  | Director (                   | Government Relations   |   |   |
|                        | Receipt For:   | Aggregate                    | e Year-to-Date ▼   |   |   |
|                        | Primary General  |                              | 250.00   |   |   |
|                        | Other (specify)  |                              | 230.00   |   |   |
|                        | Full Name (Last First Mills Last N   |                              |  | 1   |   |
| C.                     | Full Name (Last, First, Middle Initial) Mr. Michael B Green                                    |                              |  | Date of Receipt   |   |
| ٠.                     | Mailing Address 250 Pleasant Street  |                              |  | M M / D I   | ) / Y 'Y 'Y 'Y                            |
|                        | 200 Floadant Offoot  |                              |  | 12 2  |   |
|                        | City   | State                        | Zip Code   | Transaction ID: 1                                       | 3547903                                   |
|                        | Concord  | NH                           | 03301-2598   | Amount of Each F  | Receipt this Period                       |
|                        | FEC ID number of contributing  | C                            |  |   | 250.00                                    |
|                        | federal political committee.   |                              |  |   | 250.00                                    |
|                        | Name of Employer   | Occupation                   | n  | -   |   |
|                        | Concord Hospital   |                              | t and Chief Executive Officer  |   |   |
|                        |  |                              | e Year-to-Date ▼   | 1   |   |
|                        |  |                              | 950,00   |   |   |
|                        | Other (specify)  |                              | 250.00   |   |   |
|                        |  |                              |  |   |   |
|                        |  |                              |  |   | 1000.00                                   |
| s                      | UBTOTAL of Receipts This Page (optional)   |                              | ·····  |   | 1000.00                                   |
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| T                      | OTAL This Period (last page this line number of  | only)                        | <b>&gt;</b>  |   |   |

| 0                        | CHEDIII E A /EEC Earm 2V)                      |              |                                     | FOR LINE NUMBER: PAGE 82 / 228   |  |  |
|--------------------------|--|--------------|-------------------------------------|--|--|--|
| SCHEDULE A (FEC Form 3X) |  |              | Use separate schedule(s)            | (check only one)   |  |  |
| ITEMIZED RECEIPTS        |  |              | or each category of the             | X 11a 11b 11c 12   |  |  |
|                          |  |              | Detailed Summary Page               | 13 14 15 16 17   |  |  |
| Δr                       | ny information copied from such Reports and St | ataments may | unot he sold or used by any ners    |  |  |  |
| or                       | for commercial purposes, other than using the  | name and add | dress of any political committee to | o solicit contributions from such committee.   |  |  |
|                          | NAME OF COMMITTEE (In Full)                    |              |                                     |  |  |  |
| $  \rangle$              | American Hospital Association PAC              |              |                                     |  |  |  |
|                          | American mospital Association i Ao             |              |                                     |  |  |  |
| <u>/</u>                 | Full Name (Last, First, Middle Initial)        |              |                                     |  |  |  |
| A.                       | Mr. Thomas Marchozzi                           |              |                                     | Date of Receipt  |  |  |
|                          | Mailing Address 110 Irving Street North        | west         |                                     | M M / D D / Y Y Y Y  |  |  |
|                          |  |              |                                     | 12 29 2006   |  |  |
|                          | City   | State        | Zip Code                            | Transaction ID: 13547925   |  |  |
|                          | Washington                                     | DC           | 20010-2976                          | Amount of Each Receipt this Period   |  |  |
|                          | FEC ID number of contributing                  |              |                                     | 500.00   |  |  |
|                          | federal political committee.                   | C            |                                     | 500.00   |  |  |
|                          |  |              |                                     |  |  |  |
|                          | Name of Employer<br>Washington Hospital Center | Occupation   |                                     |  |  |  |
|                          |  |              | ancial Officer                      |  |  |  |
|                          | Receipt For:                                   | Aggregate    | e Year-to-Date ▼                    |  |  |  |
|                          | Primary General                                |              | 500.00                              | 1  |  |  |
|                          | U Other (specify) ▼                            |              | 300.00                              |  |  |  |
|                          |  |              |                                     |  |  |  |
| ь                        | Full Name (Last, First, Middle Initial)        |              |                                     | Data of Basalat  |  |  |
| В.                       | ·  |              |                                     | Date of Receipt  |  |  |
|                          | Mailing Address 401 Knolls Road                |              | 12 29 2006                          |  |  |  |
|                          | City   | State        | Zip Code                            |  |  |  |
|                          | •  |              | '                                   | Transaction ID: 13547929   |  |  |
|                          | West Chester                                   | PA           | 19382-8254                          | Amount of Each Receipt this Period   |  |  |
|                          | FEC ID number of contributing                  | C            |                                     | 250.00   |  |  |
|                          | federal political committee.                   |              |                                     |  |  |  |
|                          | Name of Employer<br>Virtua Health              | Occupation   | n                                   | $\neg$   |  |  |
|                          | Virtua Health                                  | 1            | rsing Officer                       |  |  |  |
|                          | Receipt For:                                   |              | e Year-to-Date ▼                    | 7  |  |  |
|                          | Primary General                                |              |                                     | 7  |  |  |
|                          | Other (specify) ▼                              |              | 250.00                              |  |  |  |
|                          |  |              |                                     | -  |  |  |
|                          | Full Name (Last, First, Middle Initial)        |              |                                     |  |  |  |
| C.                       | Mr. Christopher A Chekouras                    |              |                                     | Date of Receipt  |  |  |
|                          | Mailing Address 483 Atsion Road                |              |                                     | M M / D D / Y Y Y Y  |  |  |
|                          | 0  |              | 7: 0 1                              | 12 29 2006   |  |  |
|                          | City   | State        | Zip Code                            | Transaction ID: 13547930   |  |  |
|                          | Shamong  | NJ           | 08088-8942                          | Amount of Each Receipt this Period   |  |  |
|                          | FEC ID number of contributing                  | С            |                                     | 250.00   |  |  |
|                          | federal political committee.                   |              |                                     |  |  |  |
|                          | Name of Employer                               | Occupation   | n                                   | $\dashv$   |  |  |
|                          | Name of Employer<br>Virtua Health              | Vice Pres    |                                     |  |  |  |
|                          | Receipt For:                                   |              | e Year-to-Date ▼                    | $\dashv$   |  |  |
|                          | Primary General                                | , iggregate  | Jai 10 Dato ¥                       | 7  |  |  |
|                          | Other (specify)                                |              | 250.00                              |  |  |  |
|                          |  |              | 0 0 0 0 0 0 0 0                     | -  |  |  |
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|                          | IIDTOTAL of Receipts This Dags (astisses)      |              |                                     | 1000.00  |  |  |
| $\vdash$                 | UBTOTAL of Receipts This Page (optional)       |              |                                     |  |  |  |
| 1                        |  |              |                                     | The state of the s |  |  |

| S         | CHEDULE A (FEC Form 3X)  |                         | Use separate schedule(s)                   | FOR LINE NUMBER: PAGE 83 / 228                |
|-----------|--|-------------------------|--|---|
|           | EMIZED RECEIPTS  |                         | or each category of the                    | (check only one)  X 11a  11b  11c  12         |
| •         |  |                         | Detailed Summary Page                      | X   11a   11b   11c   12   15   16   17       |
| An        | y information copied from such Reports and State<br>for commercial purposes, other than using the na | ements may              | r not be sold or used by any perso         | n for the purpose of soliciting contributions |
| 01        | NAME OF COMMITTEE (In Full)  | ine and add             | iress or any political committee to        | Solicit Contributions from Such Committee.    |
| $\rangle$ | American Hospital Association PAC  |                         |  |   |
| ۹.        | Full Name (Last, First, Middle Initial)<br>Mr. Stephen Kolesk  |                         |  | Date of Receipt                               |
|           | Mailing Address 155 York Road  |                         |  | 12 29 2006                                    |
|           | City   | State                   | Zip Code                                   | Transaction ID: 13547931                      |
|           | <u>Delran</u>  | NJ                      | 08075-2217                                 | Amount of Each Receipt this Period            |
|           | FEC ID number of contributing federal political committee.   | C                       |  | 250.00  |
|           | Name of Employer<br>Virtua Health  | Occupation<br>Vice Pres |  |   |
|           | Receipt For:   | Aggregate               | Year-to-Date ▼                             |   |
|           | Primary General Other (specify) ▼  | 0 0                     | 250.00                                     |   |
| 3.        | Full Name (Last, First, Middle Initial) Ms. Belinda Brown Cooper                                     |                         |  | Date of Receipt                               |
|           | Mailing Address 121 Clear Creek Road   |                         |  | 12 29 7 2006                                  |
|           | City   | State                   | Zip Code                                   | Transaction ID: 13547935                      |
|           | Langhorne  | PA                      | 19047-2306                                 | Amount of Each Receipt this Period            |
|           | FEC ID number of contributing federal political committee.   | С                       |  | 5.00  |
|           | Name of Employer<br>New Jersey Hospital Assoc-   | Occupation              |  |   |
|           | iation Receipt For:  |                         | sident, Human Resources<br>Year-to-Date ▼  | -   |
|           | Primary General  | riggrogato              |  |   |
|           | Other (specify) ▼  |                         | 265.00                                     |   |
| Э.        | Full Name (Last, First, Middle Initial)<br>Mr. John J. Dawidowski                                    |                         |  | Date of Receipt                               |
|           | Mailing Address 17 Brookshire Drive  |                         |  | 12 29 2006                                    |
|           | City   | State                   | Zip Code                                   | Transaction ID: 13547936                      |
|           | Robbinsville   | NJ                      | 08691-2554                                 | Amount of Each Receipt this Period            |
|           | FEC ID number of contributing federal political committee.   | C                       |  | 5.00  |
|           | Name of Employer<br>New Jersey Hospital Assoc-   | Occupation              |  |   |
| iation    |  |                         | sident & General Manager<br>Year-to-Date ▼ | $\dashv$                                      |
|           |  | 33 -3                   |  | 1   |
|           | Other (specify) ▼  |                         | 265.00                                     |   |
| S         | UBTOTAL of Receipts This Page (optional)   |                         | ·····                                      | 260.00  |
| т,        | OTAL This Period (last nage this line number on  | lv)                     |  |   |

| S                      | CHEDULE A (FEC Form 3X)   |                          | Use separate schedule(s)            | FOR LINE NUMBER            | R: PAGE 84/228        |
|------------------------|---|--------------------------|-------------------------------------|----------------------------|-----------------------|
| ITEMIZED RECEIPTS      |   |                          | or each category of the             | (check only one)           |                       |
| II EIVILLED NECEIR I S |   |                          | Detailed Summary Page               | X 11a 11b                  | ☐ 11c ☐ 12 ☐          |
|                        |   |                          |                                     | 13 14                      | 15 16 17              |
| An                     | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | n for the purpose of sol | iciting contributions               |                            |                       |
| Or                     |   | ame and add              | iress or any political committee to | SOlicit Contributions from | m such committee.     |
|                        | NAME OF COMMITTEE (In Full)   |                          |                                     |                            |                       |
| 17                     | American Hospital Association PAC   |                          |                                     |                            |                       |
| _                      | Full Name (Last, First, Middle Initial)   |                          |                                     |                            |                       |
| A.                     | Ms. Theresa L. Edelstein  |                          |                                     | Date of Receipt            |                       |
|                        | Mailing Address 27 Harvest Lane   |                          |                                     | M M / D                    | D / Y Y Y Y           |
|                        |   |                          |                                     | 12 2                       | 9 2006                |
|                        | City  | State                    | Zip Code                            | Transaction ID:            | 13547937              |
|                        | Livingston  | NJ                       | 07039-2750                          | Amount of Each I           | Receipt this Period   |
|                        | FEC ID number of contributing   |                          |                                     |                            | 5.00                  |
|                        | federal political committee.  | C                        |                                     |                            | 3.00                  |
|                        | Name of Employer  | Occupation               | <u> </u>                            | -                          |                       |
|                        | Name of Employer<br>New Jersey Hospital Assoc-<br>iation  |                          | sident Continuing Care Servi        | ce                         |                       |
|                        | Receipt For:  |                          | Year-to-Date ▼                      |                            |                       |
|                        | Primary General   | 1 1                      |                                     | 1                          |                       |
|                        | Other (specify) ▼   |                          | 265.00                              |                            |                       |
|                        |   |                          |                                     |                            |                       |
| _                      | Full Name (Last, First, Middle Initial)   |                          |                                     | <b>.</b>                   |                       |
| В.                     |   |                          |                                     | Date of Receipt            |                       |
|                        | Mailing Address 41 Manitto Place  |                          |                                     | 12 2                       | 9 2006                |
|                        | City  | State                    | Zip Code                            | Transaction ID:            |                       |
|                        | Oceanport   | NJ                       | 07757-1510                          |                            | Receipt this Period   |
|                        | •   |                          | 07707 1010                          | Amount of Laciff           |                       |
|                        | FEC ID number of contributing federal political committee.  | C                        |                                     |                            | 5.00                  |
|                        | <u> </u>  |                          |                                     |                            |                       |
|                        | Name of Employer<br>New Jersey Hospital Assoc-  | Occupation               |                                     |                            |                       |
|                        | iation  | Vice Pres                |                                     | _                          |                       |
|                        | Receipt For: Primary General  | Aggregate                | Year-to-Date ▼                      |                            |                       |
|                        | Other (specify)   | ' '                      | 385.00                              |                            |                       |
|                        | care (openly), •  | -                        |                                     |                            |                       |
|                        | Full Name (Last, First, Middle Initial)   |                          |                                     |                            |                       |
| C.                     | Mr. Sean J. Hopkins   |                          |                                     | Date of Receipt            |                       |
|                        | Mailing Address 6180 Lower Mountain Re  | oad                      |                                     | 1 2 2                      |                       |
|                        | City  | State                    | Zip Code                            |                            |                       |
|                        | New Hope  | PA                       | 18938-5760                          | Transaction ID:            | Receipt this Period   |
|                        | •   | 17                       | 10300 3700                          | Amount of Lacin            | neceipi illis r'ellou |
|                        | FEC ID number of contributing federal political committee.  | C                        |                                     |                            | 5.00                  |
|                        |   |                          |                                     |                            |                       |
|                        | Name of Employer<br>New Jersey Hospital Assoc-  | Occupation               |                                     |                            |                       |
| iation Sr. VP.         |   |                          | Health Economics                    | _                          |                       |
|                        |   |                          | Year-to-Date ▼                      | .                          |                       |
|                        |   |                          | 390.01                              |                            |                       |
|                        | Other (specify)   | 0 0                      |                                     |                            |                       |
|                        |   |                          |                                     |                            |                       |
|                        | UBTOTAL of Receipts This Page (optional)  |                          |                                     |                            | 15.00                 |
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| T                      | OTAL This Period (last page this line number or   | nlv)                     |                                     |                            |                       |

| 21            | CHEDULE A (FEC Form 3X)  |  |  | FOR LINE NUMBER: PAGE 85 / 228   |
|---------------|--|--|--|--|
|               |  |  | Use separate schedule(s)   | (check only one)   |
| IT            | EMIZED RECEIPTS  |  | or each category of the<br>Detailed Summary Page   | X 11a 11b 11c 12   |
|               |  |  | Detailed Summary Page  | 13 14 15 16 17   |
| Δn            | y information copied from such Reports and Sta   | toments may  | not be sold or used by any perso   | <del>,</del>   |
| or            | or commercial purposes, other than using the n   | ame and add  | lress of any political committee to  | o solicit contributions from such committee.                                     |
| $\overline{}$ | NAME OF COMMITTEE (In Full)  |  |  |  |
| /             | , ,  |  |  |  |
| /             | American Hospital Association PAC  |  |  |  |
| _             | Full Name (Last, First, Middle Initial)  |  |  |  |
| ۵.            | Ms. Valerie S. Kantrowitz  |  |  | Date of Receipt  |
|               | Mailing Address 82 Millers Grove Road  |  |  | M M / D D / Y Y Y Y  |
|               | oz willers arove rioda   |  |  | 12 29 2006   |
|               | City   | State  | Zip Code   | Transaction ID: 13547941   |
|               | Belle Mead   | NJ   | 08502-4306   | Amount of Each Receipt this Period   |
|               |  |  | 0002 .000  | 7 thousand of Educative Good Enter Circu   |
|               | FEC ID number of contributing federal political committee.   | C  |  | 5.00   |
|               | rederal political committee.   |  |  |  |
|               | Name of Employer<br>New Jersey Hospital Assoc-   | Occupation   | 1  |  |
|               | iation   | Senior V.  | P., Health Planning & Resea  | ar¢  |
|               | Receipt For:   | Aggregate  | Year-to-Date ▼   |  |
|               | Primary General  |  |  | 1  |
|               | Other (specify) ▼  | 1  | 390.00   |  |
|               |  |  |  | "  |
|               | Full Name (Last, First, Middle Initial)  |  |  |  |
| 3.            | Mr. David P. Lavins  |  |  | Date of Receipt  |
|               | Mailing Address 10 Fox Chase Road  |  |  | M M / D D / Y Y Y Y  |
|               |  |  |  | 12 29 2006   |
|               | City   | State  | Zip Code   | Transaction ID: 13547943   |
|               | ,  |  | p  | Transaction id: 10047 340  |
|               | Malvern  | PA   | 19355-3441   | Amount of Each Receipt this Period   |
|               | <u>Malvern</u>   |  | •  | Amount of Each Receipt this Period   |
|               | •  | PA C   | •  |  |
|               | Malvern  FEC ID number of contributing federal political committee.  | С  | 19355-3441   | Amount of Each Receipt this Period   |
|               | Malvern  FEC ID number of contributing federal political committee.  | C  | 19355-3441   | Amount of Each Receipt this Period   |
|               | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  | Occupation<br>Chief Fin  | 19355-3441   | Amount of Each Receipt this Period   |
|               | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  | Occupation<br>Chief Fin  | 19355-3441   | Amount of Each Receipt this Period   |
|               | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General   | Occupation<br>Chief Fin  | 19355-3441  n ancial Officer  Year-to-Date ▼   | Amount of Each Receipt this Period   |
|               | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  | Occupation<br>Chief Fin  | 19355-3441   | Amount of Each Receipt this Period   |
|               | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  □ Primary □ General □ Other (specify) ▼   | Occupation<br>Chief Fin  | 19355-3441  n ancial Officer  Year-to-Date ▼   | Amount of Each Receipt this Period   |
|               | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  □ Primary □ General □ Other (specify) ▼  Full Name (Last, First, Middle Initial)  | Occupation<br>Chief Fin  | 19355-3441  n ancial Officer  Year-to-Date ▼   | Amount of Each Receipt this Period  5.00   |
|               | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John K Lloyd   | Occupation<br>Chief Fin  | 19355-3441  n ancial Officer  Year-to-Date ▼   | Amount of Each Receipt this Period  5.00  Date of Receipt                        |
|               | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  □ Primary □ General □ Other (specify) ▼  Full Name (Last, First, Middle Initial)  | Occupation<br>Chief Fin  | 19355-3441  n ancial Officer  Year-to-Date ▼   | Amount of Each Receipt this Period  5.00  Date of Receipt  M M / D D / Y Y Y Y Y |
| <br>C.        | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John K Lloyd  Mailing Address 1350 Campus Parkway  | Occupation<br>Chief Fin<br>Aggregate                           | 19355-3441  n ancial Officer  Year-to-Date ▼  885.00   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| <br>C.        | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. John K Lloyd  Mailing Address 1350 Campus Parkway  City   | Occupation<br>Chief Fin<br>Aggregate                           | 19355-3441  n ancial Officer  Year-to-Date ▼  885.00  Zip Code   | Date of Receipt  Date of Receipt  1 2 9 2 9 2 0 0 6  Transaction ID: 13547957    |
| <b>.</b>      | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John K Lloyd  Mailing Address 1350 Campus Parkway  City  Wall Township   | Occupation<br>Chief Fin<br>Aggregate                           | 19355-3441  n ancial Officer  Year-to-Date ▼  885.00   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
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| <b>-</b> .    | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John K Lloyd  Mailing Address 1350 Campus Parkway  City  Wall Township  FEC ID number of contributing federal political committee.   | Occupation<br>Chief Fin<br>Aggregate                           | 19355-3441  n ancial Officer  Year-to-Date ▼  885.00  Zip Code  07753-6821   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| <b>-</b> .    | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John K Lloyd  Mailing Address 1350 Campus Parkway  City  Wall Township  FEC ID number of contributing  | C Ccupation Chief Fin Aggregate State NJ C                     | 19355-3441  n ancial Officer  Year-to-Date ▼  885.00  Zip Code  07753-6821   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| <b>C</b> .    | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John K Lloyd  Mailing Address 1350 Campus Parkway  City  Wall Township  FEC ID number of contributing federal political committee.   | Occupation  State NJ  C  Occupation  President                 | 19355-3441  n ancial Officer  Year-to-Date ▼  885.00  Zip Code  07753-6821   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
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| <b>D.</b>     | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John K Lloyd  Mailing Address 1350 Campus Parkway  City  Wall Township  FEC ID number of contributing federal political committee.  Name of Employer Meridian Health  Receipt For:  Primary General  Other (specify) ▼ | Chief Fin Aggregate  State NJ C Occupation President Aggregate | 19355-3441  nancial Officer  Year-to-Date ▼  885.00  Zip Code 07753-6821  nand Chief Executive Office  Year-to-Date ▼  1000.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| <b>D.</b>     | Malvern  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. John K Lloyd  Mailing Address 1350 Campus Parkway  City Wall Township  FEC ID number of contributing federal political committee.  Name of Employer Meridian Health  Receipt For:  Primary General                     | Chief Fin Aggregate  State NJ C Occupation President Aggregate | In ancial Officer  Year-to-Date ▼  885.00  Zip Code 07753-6821  In and Chief Executive Office  Year-to-Date ▼  1000.00   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |

| TEMIZED RECEIPTS    Or each catopopy of the Detailed Summary Page   X   11a   | SCHEDULE A (FEC Form 3X) |   | Use separate schedule(s) | FOR LINE NUMBER:                       | PAGE 86 / 228                |                    |
|---|--------------------------|---|--------------------------|--|------------------------------|--------------------|
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) A. Ms. Thoreas L. Edelstein Malling Address 27 Harvest Lane  City State Zip Code Livingston  FEC ID number of contributing foderal political committee.  Name of Employer New Jersey Hospital Association  Receipt For: Perinary General Other (specify) ▼  State Zip Code Vice President Continuing Care Service Receipt For: Perinary General Other (specify) ▼  State Zip Code NJ 07039-275.00  Date of Receipt  Transaction ID: 13547958  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Prinary General Other (specify) ▼  State Zip Code NJ 07052-1424  FEC ID number of contributing federal political committee.  Prinary General Other (specify) ▼  State Zip Code NJ 07052-1424  FEC ID number of contributing federal political committee.  Prinary General Other (specify) ▼  State Zip Code NJ 07052-1424  FEC ID number of contributing federal political committee.  Prinary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C State Zip Code NS. Belinds thrown Cooper Malling Address 121 Clear Creek Road  City State Zip Code Langthorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer Name of Employer Malling Address 121 Clear Creek Road  City State Zip Code Langthorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer Name of Employer | -                        |   |                          |  | ` <b>´</b> ´                 | . –                |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Ms. Theresa L. Edelatian  Mailing Address 27 Harvest Lane  City State Zip Code Transaction ID: 13547958  Livingston NJ 07039-2750  FEC ID number of contributing federal political committee.  Name of Employer Association PAC  Full Name (Last, First, Middle Initial)  B. Mr. Rebeet Brehm  Mailing Address 1199 Pleasant Valley Way  City State Zip Code Transaction ID: 13547959  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C State Zip Code Transaction ID: 13547959  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C State Zip Code Transaction ID: 13547959  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C State Zip Code Transaction ID: 13547950  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code Transaction ID: 13547960  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C State Zip Code Transaction ID: 13547960  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C State Zip Code Transaction ID: 13547960  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C State Zip Code Transaction ID: 13547960  Amount of Each Receipt this Period   | II EWIZED RECEIPTS       |   |                          |  |                              |                    |
| An American Hospital Association PAC  Full Name (Last, First, Middle Initial) A. Ms. Theresa L Edelstein Malling Address 27 Harvest Lane  City State Zip Code Livingston NJ 07039-2750  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ 275.00  FeC ID number of contributing City State Zip Code NJ 07052-1424  Full Name (Last, First, Middle Initial)  B. Mr. Robert Brothn Malling Address 1199 Pleasant Valley Way  City State Zip Code West Orange NJ 07052-1424  FEC ID number of contributing Receipt For: Primary General Other (specify) ▼ 275.00  Date of Receipt Torassaction ID: 13547959  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Aggregate Vear-to-Date ▼ 12 29 1 200.6  Transaction ID: 13547959  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547959  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period   |                          |   |                          | , ,                                    |                              |                    |
| NAME OF COMMITTEE (in Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) A. Ms. Theresa L Edelstein Mailing Address 27 Harvest Lane  City State Zip Code Livingston NJ 07039-2750  FEC ID number of contributing federal political committee.  C C  Name of Employer New Jersey Hospital Association Primary General Other (specify) ▼  City State Zip Code NJ 07039-2750  Amount of Each Receipt this Period  C C  Cocupation Vice President Continuing Care Service Receipt For: Primary General Other (specify) ▼  City State Zip Code NJ 07052-1424  FEC ID number of contributing federal political committee.  C C  Name of Employer Resselv Institute for Rehabilitation President Primary General Officer Committee  C C  Name of Employer Resselv Institute for Rehabilitation Primary General Officer Committee  C C  Name of Employer Mailing Address 121 Clear Creek Road  City State Zip Code PA 19047-2306  FEC ID number of contributing federal political committee.  C Date of Receipt  Transaction ID: 13547959  Amount of Each Receipt this Period  Transaction ID: 13547959  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547959  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period   | An                       | y information copied from such Reports and St   | atements may             | not be sold or used by any perso       | n for the purpose of solicit | ing contributions  |
| American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Ms. Theresa L. Edelstein  Mailing Address 27 Harvest Lane  City  Livingston  FEC ID number of contributing federal political committee.  City  Livingston  FEC ID number of contributing federal political committee.  City  State Zip Code  Livingston  Nu 07039-2750  Amount of Each Receipt this Period  City  Livingston  FEC ID number of contributing federal political committee.  City  Primary General  Other (specify) ▼  City  State Zip Code  West Orange  Nu 07052-1424  FEC ID number of contributing federal political committee.  City  State Zip Code  West Orange  Nu 07052-1424  FEC ID number of contributing federal political committee.  City  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City  Amount of Each Receipt this Period  Fec ip Firmary General  Occupation  President  Aggregate Year-to-Date ▼  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General  Occupation  President  Aggregate Year-to-Date ▼  Primary General  Occupation  President  Aggregate Year-to-Date ▼  Primary General  Occupation  Number of contributing federal political committee.  City  State Zip Code  Transaction ID: 13547950  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this P | or                       |   | name and add             | dress of any political committee to    | Solicit contributions from s | such committee.    |
| Full Name (Last, First, Middle Initial)  A. Ms. Theresa L. Edeistein  Mailing Address 27 Harvest Lane  City State Zip Code Livingston NJ 07039-2750  FEC ID number of contributing federal political committee.  Name of Employer  Name of Employer  Name (Last, First, Middle Initial)  B. Mr. Robert Brehm  Mailing Address 1199 Pleasant Valley Way  City State Zip Code NJ 07052-1424  FEC ID number of contributing federal political committee.  Name of Employer  NJ 07052-1424  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Occupation  NJ 07052-1424  FEC ID number of contributing federal political committee.  Name of Employer  Mailing Address 121 Clear Creek Road  City State Zip Code PA 19047-2306  FEC ID number of contributing federal political committee.  Date of Receipt  Transaction ID: 13547959  Amount of Each Receipt this Period  Pa 19047-2306  Transaction ID: 13547960  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period  Pa 19047-2306  FEC ID number of contributing federal political committee.  City State Zip Code Pa 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer  |                          | • • •   |                          |  |                              |                    |
| A. Ms. Theresa L. Edelstein  Mailing Address 27 Harvest Lane  City State Zip Code Livingston NJ 07039-2750  FEC ID number of contributing federal political committee.  Name of Employer New Jersey HoSpital Assoc- iation Other (specify) ▼  | 17                       | American Hospital Association PAC               |                          |  |                              |                    |
| A. Ms. Theresa L. Edelstein  Mailing Address 27 Harvest Lane  City State Zip Code Livingston NJ 07039-2750  FEC ID number of contributing federal political committee.  Name of Employer New Jersey HoSpital Assoc- iation Other (specify) ▼ 275.00  Pull Name (Last, First, Middle Initial)  Mailing Address 1199 Pleasant Valley Way  City State Zip Code NJ 07052-1424  FEC ID number of contributing federal political committee.  Name of Employer Kessler Institute for Rehabilitation Receipt For:    Other (specify) ▼ 275.00    Date of Receipt Manual of Each Receipt this Period   Date of Receipt   | _                        | Full Name (Last First Middle Initial)           |                          |  |                              |                    |
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| Livingston  NJ 07039-2750  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Association  Name of Employer New Jersey Hospital Association  Name (Last, First, Middle Initial)  B. Mr. Robert Brehm  Mailing Address 1199 Pleasant Valley Way  City  West Orange  NJ 07052-1424  FEC ID number of contributing federal political committee.  C C  Name of Employer NJ 07052-1424  FEC ID number of contributing federal political committee.  C C  Name of Employer NJ 07052-1424  FEC ID number of contributing federal political committee.  C Sagregate Year-to-Date ▼  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547959  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C State Zip Code  Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer  asoco-  Name o |                          |   |                          |  | 12 29                        | 2006               |
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| Name of Employer New Jersey Hospital Association Primary General Other (specify) ▼  |                          | FEC ID number of contributing                   |                          |  |                              | 10.00              |
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| State   Sign   State   Sign   State   Sign   Sig   |                          | Name of Employer                                | Occupation               | า                                      | -                            |                    |
| Receipt For:  |                          | New Jersey Hospital Assoc-                      |                          |  | ce                           |                    |
| Primary Other (specify) ▼ 275.00  B. Full Name (Last, First, Middle Initial) B. Mr. Robert Brehm Mailing Address 1199 Pleasant Valley Way  City State Zip Code West Orange NJ 07052-1424  FEC ID number of contributing federal political committee.  C 0Ccupation President Receipt For: Primary General Other (specify) ▼ 352.50  C 101 Name (Last, First, Middle Initial) C Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road  City State Zip Code PA 19047-2306  FEC ID number of contributing federal political committee.  C 127.50  Date of Receipt  Transaction ID: 13547959  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547960  Date of Receipt  Mailing Address 121 Clear Creek Road  City State Zip Code Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼  12 Date of Receipt  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  |                          |   |                          | <u>~</u>                               |                              |                    |
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| Date of Receipt   Mailing Address   1199 Pleasant Valley Way   12   29  |                          | Other (specify) ▼                               |                          | 275.00                                 |                              |                    |
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| City State Zip Code West Orange NJ 07052-1424  FEC ID number of contributing federal political committee.  Name of Employer Kessler Institute for Rehabilitation Receipt For:  Primary General Other (specify) ▼  City State Zip Code Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  12 29 2006  Transaction ID: 13547959  Amount of Each Receipt this Period  27.50  Date of Receipt  Mailing Address 121 Clear Creek Road  City State Zip Code Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Name of Employer New Jersey Hospital Assoc-  Vice Precident Human Pageurese  | В.                       |   | ,                        |  | <b>⊣</b>                     |                    |
| City State Zip Code NJ 07052-1424  FEC ID number of contributing federal political committee.  Name of Employer Kessler Institute for Rehabilitation Receipt For:  Primary General Other (specify) ▼  C. Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road  City State Zip Code Transaction ID: 13547959  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID: 13547959  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547959  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 13547960  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Transaction ID: 13547960  Amount of Each Receipt this Period  Transaction ID: 13547960  Transaction ID: 13547960  |                          | Mailing Address 1199 Pleasant Valley W          | <i>l</i> ay              |  |                              | 2006               |
| West Orange  NJ 07052-1424  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer Kessler Institute for Rehabilitation Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Ms. Belinda Brown Cooper  Mailing Address 121 Clear Creek Road  City State Zip Code Transaction ID: 13547960  Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Vice President Human Receipts  Amount of Each Receipt this Period  Transaction ID: 13547960  Amount of Each Receipt this Period   |                          | City  | State Zin Code           |  |                              |                    |
| FEC ID number of contributing federal political committee.  Name of Employer Kessler Institute for Rehabilitation Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Ms. Belinda Brown Cooper  Mailing Address 121 Clear Creek Road  City State Zip Code Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Name of Employer New Jersey Hospital Assoc-  Vice President  27.50  27.50  27.50  Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |                          | •   |                          | ·                                      |                              |                    |
| Name of Employer   Name of Em   |                          | •   |                          | 07002 1121                             | Amount of Each floor         |                    |
| Name of Employer Kessler Institute for Reh- abilitation Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Ms. Belinda Brown Cooper  Mailing Address 121 Clear Creek Road  City State Zip Code Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc- Vice Precident Human Pageurese  |                          |   | C                        |  |                              | 27.50              |
| abilitation Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) C. Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road  City Langhorne FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Name of Employer New Jersey Hospital Assoc-  Name of Employer New Jersey Hospital Assoc-   |                          | <u> </u>  |                          |  |                              |                    |
| abilitation Receipt For:  Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) C. Ms. Belinda Brown Cooper Mailing Address 121 Clear Creek Road  City Langhorne FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Name of Employer New Jersey Hospital Assoc-  Name of Employer New Jersey Hospital Assoc-   |                          | Name of Employer Kessler Institute for Reh-     |                          |  |                              |                    |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Ms. Belinda Brown Cooper  Mailing Address 121 Clear Creek Road  City State Zip Code Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Name of Employer New Jersey Hospital Assoc-  Visc President Human Resources   |                          | abilitation                                     |                          | -                                      |                              |                    |
| Other (specify) ▼  State   Zip Code   Langhorne   PA   19047-2306   Transaction ID: 13547960    FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Other (specify) ▼  State   Zip Code   Transaction ID: 13547960    Amount of Each Receipt this Period   120.00    Occupation   Oc |                          |   | Aggregate                | rear-lo-Dale ▼                         |                              |                    |
| C. Full Name (Last, First, Middle Initial)  Ms. Belinda Brown Cooper  Mailing Address 121 Clear Creek Road  City State Zip Code  Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Vice Precident Human Recourage   |                          |   | ' '                      | 352.50                                 |                              |                    |
| Mailing Address 121 Clear Creek Road  City State Zip Code Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  City State Zip Code Transaction ID: 13547960  Amount of Each Receipt this Period  120.00  |                          |   | -                        | 0 0 0 0 0 0 0                          |                              |                    |
| Mailing Address 121 Clear Creek Road  City State Zip Code Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  City State Zip Code Transaction ID: 13547960  Amount of Each Receipt this Period  120.00  |                          | Full Name (Last, First, Middle Initial)         |                          |  |                              |                    |
| City State Zip Code  Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Vice Precident Human Recourses   | C.                       | •   |                          |  | Date of Receipt              |                    |
| City State Zip Code  Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Vice Precident Human Recourses   |                          | Mailing Address 121 Clear Creek Road            |                          |  |                              |                    |
| Langhorne PA 19047-2306  FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoc-  Vice Precident Human Poscurage  |                          | City  | Ctoto                    | Zin Codo                               |                              |                    |
| FEC ID number of contributing federal political committee.  Name of Employer New Jersey Hospital Assoctation  Vice President Human Resources  |                          | •   |                          | •                                      |                              |                    |
| Name of Employer New Jersey Hospital Assoc-  Vice President Human Resources   |                          | •   | 1.7                      | 19047-2300                             | Amount of Each Rec           | seipi iriis Period |
| Name of Employer New Jersey Hospital Assoc- Vice President Human Resources  |                          |   | C                        |  |                              | 120.00             |
| New Jersey Hospital Assoc-  |                          |   |                          |  |                              |                    |
|   |                          | Name of Employer<br>New Jersey Hospital Assoc-  |                          |  |                              |                    |
| iation  |                          | iation  |                          | · · · · · · · · · · · · · · · · · · ·  |                              |                    |
| Receipt For:  Aggregate Year-to-Date ▼  |                          |   | Aggregate                | e Year-to-Date V                       |                              |                    |
| Primary General 385.00  |                          |   |                          | 385.00                                 |                              |                    |
| Other (specify) ▼   |                          | ☐ Other (specify) ▼                             |                          |  |                              |                    |
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| SUBTOTAL of Receipts This Page (optional)   | 9                        | IRTOTAL of Receipts This Page (optional)        |                          |  |                              | 157.50             |
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| SC       | HEDULE A (FEC Form 3X)                         |             |  | FOR LINE NUMBER: PAGE 87 / 228                 |
|----------|--|-------------|--|--|
|          |  |             | Use separate schedule(s)                         | (check only one)                               |
| ITE      | MIZED RECEIPTS                                 |             | or each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                               |
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| Anv      | information copied from such Reports and Sta   | tements may | not be sold or used by any person                | on for the purpose of soliciting contributions |
| or fo    | or commercial purposes, other than using the n | ame and add | lress of any political committee to              | solicit contributions from such committee.     |
| <u> </u> | NAME OF COMMITTEE (In Full)                    |             |  |  |
| ١.       | American Hospital Association PAC              |             |  |  |
| /        | · ·····orioan ricopital ricocolation rico      |             |  |  |
| -        | Full Name (Last, First, Middle Initial)        |             |  |  |
|          | Dr. Bruce M Gans, M.D.                         |             |  | Date of Receipt                                |
| Ī        | Mailing Address 6 Amherst Road                 |             |  | M M / D D / Y Y Y                              |
| _        |  |             |  | 12 29 2006                                     |
| (        | City   | State       | Zip Code   | Transaction ID: 13547961                       |
| _        | Chatham  | NJ          | 07928-1802                                       | Amount of Each Receipt this Period             |
|          | FEC ID number of contributing                  |             |  | 07.50  |
|          | ederal political committee.                    | C           |  | 27.50  |
| _        | ·  |             |  |  |
| 1        | Name of Employer<br>Kessler Instituté for Reh- | Occupation  |  |  |
|          | abilitation                                    | 1           | Vice President and Chief M                       | <u>1e¢</u> 1                                   |
| I        | Receipt For:                                   | Aggregate   | Year-to-Date ▼                                   |  |
|          | Primary General                                |             | 352.50   | 1  |
|          | Other (specify) ▼                              |             | 332.30   |  |
|          |  |             |  |  |
| _        | Full Name (Last, First, Middle Initial)        |             |  | 5. (5. ).                                      |
| -        | Mr. Sean J. Hopkins                            |             |  | Date of Receipt                                |
| ı        | Mailing Address 6180 Lower Mountain R          | oad         |  | 12 29 2006                                     |
| -        | City   | State       | Zip Code   |  |
|          | •  |             | •  | Transaction ID: 13547964                       |
| -        | New Hope                                       | PA          | 18938-5760                                       | Amount of Each Receipt this Period             |
|          | FEC ID number of contributing                  | C           |  | 20.42  |
| '        | ederal political committee.                    |             |  |  |
| ī        | Name of Employer<br>New Jersey Hospital Assoc- | Occupation  | 1  |  |
|          | New Jersey Hospital Assoc-<br>ation            | Sr. VP., I  | Health Economics                                 |  |
|          | Receipt For:                                   | Aggregate   | Year-to-Date <b>V</b>                            |  |
|          | Primary General                                |             |  | 1  |
|          | Other (specify) ▼                              |             | 410.43   |  |
|          |  |             |  | 1  |
| ı        | Full Name (Last, First, Middle Initial)        |             |  |  |
| ). լ     | Mr. John E. Graydon                            |             |  | Date of Receipt                                |
| ı        | Mailing Address 93 Matlack Drive               |             |  | M M / D D / Y Y Y Y                            |
| -        |  |             |  | 12 29 2006                                     |
|          | City   | State       | Zip Code   | Transaction ID: 13547967                       |
| -        | Voorhees                                       | NJ          | 08043-4723                                       | Amount of Each Receipt this Period             |
|          | FEC ID number of contributing                  | С           |  | 500.00   |
| f        | ederal political committee.                    |             |  | 000.00   |
| ī        | Name of Employer                               | Occupation  | <u> </u>   | $\dashv$                                       |
| ,        | Name of Employer<br>Virtua Health              | Vice Pres   |  |  |
| Ī        | Receipt For:                                   |             | Year-to-Date ▼                                   | -  |
|          | Primary General                                | 33. 23.40   |  | 1  |
|          | Other (specify)                                |             | 500.00   |  |
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|          |  | F47.00      |  |  |
| SII      | BTOTAL of Receipts This Page (optional)        |             |  | 547.92   |
| SU       | BTOTAL of Receipts This Page (optional)        |             | ·····  | 547.92   |

| 21                       | CHEDIII E A (EEC Form 3Y)                                     |                      |  | FOR LINE NUMBER: PAGE 88 / 228                 |
|--------------------------|---|----------------------|--|--|
| SCHEDULE A (FEC Form 3X) |   |                      | Use separate schedule(s)                         | (check only one)                               |
| IT                       | EMIZED RECEIPTS   |                      | or each category of the<br>Detailed Summary Page | X 11a 11b 11c 12                               |
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| Ar                       | ny information copied from such Reports and Sta               | tements may          | y not be sold or used by any perso               | on for the purpose of soliciting contributions |
| or                       | for commercial purposes, other than using the n               | ame and add          | dress of any political committee to              | solicit contributions from such committee.     |
| \                        | NAME OF COMMITTEE (In Full)                                   |                      |  |  |
| $\rangle$                | American Hospital Association PAC                             |                      |  |  |
| ۹.                       | Full Name (Last, First, Middle Initial)<br>Ms. Adrienne Kirby |                      |  | Date of Receipt                                |
|                          | Mailing Address 1271 Charleston Road                          |                      |  | 12 29 2006                                     |
|                          | City  | State                | Zip Code   | Transaction ID: 13547969                       |
|                          | Cherry Hill   | NJ                   | 08034-3133                                       | Amount of Each Receipt this Period             |
|                          | FEC ID number of contributing federal political committee.    | C                    |  | 250.00   |
|                          | Name of Employer<br>Virtua Health                             | Occupation Vice Pres | n<br>sident and Chief Operating C                | Off  |
|                          | Receipt For:  |                      | e Year-to-Date ▼                                 | _  |
|                          | Primary General   | 00 0                 |  | 1  |
|                          | Other (specify) ▼   | 0 0                  | 250.00   |  |
| 3.                       | Full Name (Last, First, Middle Initial)<br>Mr. Gary Long      |                      |  | Date of Receipt                                |
|                          | Mailing Address 2 Meadowview Drive                            |                      |  | 12 29 7 2006                                   |
|                          | City  | State                | Zip Code   | Transaction ID: 13547970                       |
|                          | Shamong   | NJ                   | 08088-8596                                       | Amount of Each Receipt this Period             |
|                          | FEC ID number of contributing federal political committee.    | C                    |  | 500.00   |
|                          | Name of Employer<br>Virtua Health                             | Occupation Vice Pres | n<br>sident/COO                                  |  |
|                          | Receipt For:  | Aggregate            | e Year-to-Date ▼                                 |  |
|                          | Primary General Other (specify) ▼                             |                      | 500.00   |  |
| _                        | Full Name (Last, First, Middle Initial) Ms. Linda Wilson      |                      |  | Date of Receipt                                |
|                          | Mailing Address 331 Jackson Road                              |                      |  | M M / D D / Y Y Y Y                            |
|                          |   |                      |  | 12 29 2006                                     |
|                          | City  | State                | Zip Code   | Transaction ID: 13547971                       |
|                          | Atco  | NJ                   | 08004-1646                                       | Amount of Each Receipt this Period             |
|                          | FEC ID number of contributing federal political committee.    | C                    |  | 500.00   |
|                          | Name of Employer<br>Virtua Health                             | Occupation Vice Pres | n<br>sident Human Resources                      |  |
|                          | Receipt For:  | Aggregate            | e Year-to-Date ▼                                 |  |
|                          | Primary General   |                      | 500.00   |  |
|                          | Other (specify) ▼   |                      | 500.00   |  |
| s                        | UBTOTAL of Receipts This Page (optional)                      |                      |  | 1250.00  |
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| SCHEDULE A (FEC Form 3X) |  | Use separate schedule(s)     | FOR LINE NUMBER:  | PAGE 89 / 228  |                                   |
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|                          | EMIZED RECEIPTS  |                              | or each category of the   | (check only one)   |                                   |
| •••                      | LIVIIZED RECEIP 13   |                              | Detailed Summary Page   | X 11a 11b  | 11c   12                          |
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| or                       | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may<br>name and add | / not be sold or used by any perso<br>dress of any political committee to | n for the purpose of solicit<br>solicit contributions from s | ang contributions such committee. |
|                          | NAME OF COMMITTEE (In Full)  |                              | , , , , , , , , , , , , , , , , , , ,                                     |  |                                   |
| $ \rangle$               | American Hospital Association PAC  |                              |   |  |                                   |
|                          | 7 in one dan 1100 pilat 7 to 000 fattor 17 to  |                              |   |  |                                   |
| _                        | Full Name (Last, First, Middle Initial)  |                              |   |  |                                   |
| Α.                       | Mr. John F Prochilo  |                              |   | Date of Receipt  |                                   |
|                          | Mailing Address 70 Butler Street   |                              |   | 12 29  | 2006                              |
|                          | City   | State                        | Zip Code  | Transaction ID: 13   |                                   |
|                          | Salem  | NH                           | 03079-3925  | Amount of Each Red   |                                   |
|                          |  |                              | 00070 0020  | Amount of Laciffie   | · · · · · ·                       |
|                          | FEC ID number of contributing federal political committee.   | C                            |   |  | 250.00                            |
|                          | Name of Employer   | Occupation                   | n   | 7  |                                   |
|                          | Northeast Rehabilitation<br>Hospital   | Chief Exe                    | ecutive Officer and Administr   | a  |                                   |
|                          | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |  |                                   |
|                          | Primary General  |                              | 250.00  |  |                                   |
|                          | Other (specify) 🔻  |                              | 200.00  |  |                                   |
|                          | Full Name (Last, First, Middle Initial)  |                              |   |  |                                   |
| В.                       |  |                              |   | Date of Receipt  |                                   |
|                          | Mailing Address 101 Cambridge Street   |                              |   | M M / D D  |                                   |
|                          | 220  |                              |   | 12 29  | 2006                              |
|                          | City   | State                        | Zip Code  | Transaction ID: 13   | 549630                            |
|                          | Burlington   | MA                           | 01803-3766  | Amount of Each Red   | ceipt this Period                 |
|                          | FEC ID number of contributing  | С                            |   |  | 100.00                            |
|                          | federal political committee.   | 0                            |   |  |                                   |
|                          | Name of Employer Massachusetts Organization  | Occupation                   | n   |  |                                   |
|                          | Massachusetts Organization of Nurse Ex   | Executive                    | e Director  |  |                                   |
|                          | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |  |                                   |
|                          | Primary General  |                              | 425.00  |  |                                   |
|                          | Other (specify)  | 0 0                          | 423.00  |  |                                   |
| _                        | Full Name (Lost First Middle 1995)   |                              |   |  |                                   |
| C.                       | Full Name (Last, First, Middle Initial) Dr Thomas P Glynn,, Ph.D.                                  |                              |   | Date of Receipt  |                                   |
|                          | Mailing Address 800 Boylston Street, Ste   | e 1150                       |   | M M / D D  |                                   |
|                          |  |                              |   | 12 29  | 2006                              |
|                          | City   | State                        | Zip Code  | Transaction ID: 13   | 549632                            |
|                          | Boston   | MA                           | 02199-8001  | Amount of Each Red   | ceipt this Period                 |
|                          | FEC ID number of contributing  | С                            |   |  | 500.00                            |
|                          | federal political committee.   |                              |   |  |                                   |
|                          | Name of Employer<br>Partners HealthCare Syste-   | Occupation                   | n   |  |                                   |
|                          | m, Inc.  | Chief Op                     | erating Officer   |  |                                   |
|                          | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |  |                                   |
|                          | Primary General  |                              | 500.00  |  |                                   |
|                          | Other (specify)  | 0 0                          | 300.00  |  |                                   |
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| SCHEDULE A (FEC Form 3X) |  |                         | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 90 / 228               |
|--------------------------|--|-------------------------|-------------------------------------|--|
| ITEMIZED RECEIPTS        |  |                         | or each category of the             | (check only one)                             |
| TEMILED RESERVE          |  |                         | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17      |
| Δr                       | ny information copied from such Reports and S                              | tatomente may           | y not be sold or used by any pers   |  |
| or                       | for commercial purposes, other than using the                              | name and add            | dress of any political committee to | o solicit contributions from such committee. |
| $\setminus$              | NAME OF COMMITTEE (In Full)  |                         |                                     |  |
|                          | American Hospital Association PAC  |                         |                                     |  |
| Α.                       | Full Name (Last, First, Middle Initial) Ms. Delia O'Connor                 |                         |                                     | Date of Receipt                              |
|                          | Mailing Address 25 Highland Avenue   |                         |                                     | 12 29 2006                                   |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13549636                     |
|                          | Newburyport  | MA                      | 01950-3867                          | Amount of Each Receipt this Period           |
|                          | FEC ID number of contributing federal political committee.                 | C                       |                                     | 200.00                                       |
|                          | Name of Employer<br>Anna Jaques Hospital                                   | Occupation<br>Chief Exe | n<br>ecutive Officer                |  |
|                          | Receipt For:   | Aggregate               | Year-to-Date ▼                      |  |
|                          | Primary General Other (specify) ▼  |                         | 700.00                              | 7  |
|                          | Other (specify)  |                         | 0 0 0 0 0 0 0                       |  |
| В.                       | Full Name (Last, First, Middle Initial)<br>Ms. Sheila Daly                 |                         |                                     | Date of Receipt                              |
|                          | Mailing Address 201 Highland Street  |                         |                                     | 12 29 2006                                   |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13549637                     |
|                          | Clinton  | MA                      | 01510-1096                          | Amount of Each Receipt this Period           |
|                          | FEC ID number of contributing federal political committee.                 | C                       |                                     | 250.00                                       |
|                          | Name of Employer<br>Clinton Hospital                                       | Occupation              | n<br>t and Chief Executive Office   | ır   |
|                          | Receipt For:   |                         | Year-to-Date ▼                      | <u>'</u>                                     |
|                          | Primary General  | 00 0                    |                                     | 7  |
|                          | Other (specify) ▼  |                         | 250.00                              |  |
| C.                       | Full Name (Last, First, Middle Initial) Dr. Ronald B Goodspeed, , M.D., M. |                         |                                     | Date of Receipt                              |
| C.                       | Mailing Address 363 Highland Avenue  |                         |                                     | M M / D D / Y Y Y Y                          |
|                          | Walling Address 303 Flightand Avenue                                       |                         |                                     | 12 29 2006                                   |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13549640                     |
|                          | Fall River   | MA                      | 02720-3700                          | Amount of Each Receipt this Period           |
|                          | FEC ID number of contributing federal political committee.                 | C                       |                                     | 250.00                                       |
|                          | Name of Employer<br>Southcoast Hospitals Group                             |                         | ecutive Officer                     |  |
|                          | Receipt For:   | Aggregate               | e Year-to-Date ▼                    |  |
|                          | Primary General Other (specify) ▼  | ' '                     | 250.00                              |  |
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| s                        | UBTOTAL of Receipts This Page (optional)                                   |                         |                                     | 700.00                                       |
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| SCHEDULE A (FEC Form 3X)  |                                  | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 91 / 228  |
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| TEMIZED RECEIPTS  |                                  | or each category of the   | (check only one)  |
| ···   |                                  | Detailed Summary Page   | X   11a   11b   11c   12   15   16   17   |
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may<br>e name and add | y not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)   |                                  |   |   |
| American Hospital Association PAC   |                                  |   |   |
| Full Name (Last, First, Middle Initial)  A. Mr. Christopher Perry                               |                                  |   | Date of Receipt   |
| Mailing Address 5131 SW 168 Avenue  |                                  |   | 12 20 20 6  |
| City  | State                            | Zip Code  | Transaction ID: 13550033  |
| S.W. Ranches  | FL                               | 3331  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C                                |   | 125.00  |
| Name of Employer<br>Memorial Healthcare System  | Occupation Director,             |   |   |
| Receipt For:  | Aggregate                        | e Year-to-Date ▼  |   |
| Primary ☐ General Other (specify) ▼   |                                  | 250.00  |   |
| Full Name (Last, First, Middle Initial)  3. Ms. Mary Alice Phelan                               | •                                |   | Date of Receipt   |
| Mailing Address 2970 St. Johns Avenu #5D  |                                  |   | 12 / 20 / 2006  |
| City  | State                            | Zip Code  | Transaction ID: 13550034  |
| Jacksonville  | <u>FL</u>                        | 32205-8729  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C                                |   | 125.00  |
| Name of Employer<br>St. Vincent's Medical Cen-  | Occupation                       |   |   |
| ter<br>Receipt For:   |                                  | Community Relations e Year-to-Date ▼                                  | _   |
| Primary General   | riggrogate                       |   | 1   |
| Other (specify) ▼   |                                  | 250.00  |   |
| Full Name (Last, First, Middle Initial)  Mr. J E Piriz  |                                  |   | Date of Receipt   |
| Mailing Address 3501 Johnson Street   |                                  |   | 12 20 20 2006   |
| City  | State                            | Zip Code  | Transaction ID: 13550036  |
| Hollywood   | FL                               | 33021-5421  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C                                |   | 250.00  |
| Name of Employer<br>Memorial Regional Hospital  |                                  | ecutive Officer   |   |
| Receipt For:  | Aggregate                        | e Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   |                                  | 500.00  |   |
| SUBTOTAL of Receipts This Page (optional)   |                                  |   | 500.00  |
|   |                                  | ·   |   |
| TOTAL This Period (last page this line number   | only)                            |   |   |

| SCHEDULE A (FEC Form 3X)  |                                | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 92 / 228  |
|---|--------------------------------|--|---|
| TEMIZED RECEIPTS  |                                | or each category of the  | (check only one)  X 11a  11b  11c  12   |
|   |                                | Detailed Summary Page  | 13 14 15 16 17  |
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may<br>name and add | not be sold or used by any persoress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)   |                                |  |   |
| American Hospital Association PAC   |                                |  |   |
| Full Name (Last, First, Middle Initial)  Ms. Diane S. Raines                                    |                                |  | Date of Receipt   |
| Mailing Address 4090 San Jose Boulev  | ard                            |  | 12 20 20 2006   |
| City  | State                          | Zip Code   | Transaction ID: 13550039  |
| <u>Jacksonville</u>   | FL                             | 32207-6063   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C                              |  | 125.00  |
| Name of Employer<br>Baptist Health  | Occupation<br>Senior Vid       | ce President   |   |
| Receipt For:  | Aggregate                      | Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 0 0                            | 250.00   |   |
| Full Name (Last, First, Middle Initial)  Dr. C. B. Rebsamen, MD                                 |                                |  | Date of Receipt   |
| Mailing Address 18201 Chesapeake Ct   |                                |  | 12 20 6   |
| City  | State                          | Zip Code   | Transaction ID: 13550042  |
| Fort Myers  | FL                             | 33908-4676   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C                              |  | 125.00  |
| Name of Employer<br>Lee Memorial Hospital   | Occupation Chief Med           | ı<br>dical Director  |   |
| Receipt For:  |                                | Year-to-Date ▼   | 7   |
| Primary General Other (specify) ▼   |                                | 250.00   |   |
| Full Name (Last, First, Middle Initial)  Mr. Joseph P. Reilly                                   |                                |  | Date of Receipt   |
| Mailing Address 1740 NE First Street  |                                |  | 1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State                          | Zip Code   | Transaction ID: 13550044  |
| Fort Lauderdale   | FL                             | 33301-3760   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C                              |  | 125.00  |
| Name of Employer<br>Memorial Regional Hospital  | Occupation<br>Administr        | ator, External Affairs   |   |
| Receipt For:  | Aggregate                      | Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   |                                | 250.00   |   |
| SUBTOTAL of Receipts This Page (optional)   | 1                              |  | 375.00  |
|   |                                |  |   |
| TOTAL This Period (last page this line number   | only)                          |  |   |

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| SCHEDULE A (FEC Form 3X) |   | llas sanavata sahadula(s)  |   | FOR LINE NUMBER: PAGE 93 / 228                    |
|--------------------------|---|----------------------------|---|---|
| ITEMIZED RECEIPTS        |   | or each category of the    |   | (check only one)                                  |
| •                        |   |                            | Detailed Summary Page   | X   11a   11b   11c   12   13   14   15   16   17 |
| Ar<br>or                 | y information copied from such Reports and Star<br>for commercial purposes, other than using the na | tements may<br>ame and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions     |
| $\setminus$              | NAME OF COMMITTEE (In Full)   |                            |   |   |
| $\rangle$                | American Hospital Association PAC   |                            |   |   |
| Α.                       | Full Name (Last, First, Middle Initial)<br>Mr. Kenneth P. Resmini                                   |                            |   | Date of Receipt                                   |
|                          | Mailing Address 2445 N. 37th Aveneu   |                            |   | 1 2 2 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |
|                          | City  | State                      | Zip Code  | Transaction ID: 13550045                          |
|                          | Hollywood   | FL                         | 33021   | Amount of Each Receipt this Period                |
|                          | FEC ID number of contributing federal political committee.  | C                          |   | 250.00  |
|                          | Name of Employer<br>Memorial Regional Hospital  | Occupation Director of     | n<br>of Compliance & Audit  |   |
|                          | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |   |
|                          | Primary General Other (specify) ▼   |                            | 500.00  |   |
| В.                       | Full Name (Last, First, Middle Initial) Mr. William J. Robinson                                     |                            |   | Date of Receipt                                   |
|                          | Mailing Address 9231 S.W. 42nd Lane   |                            |   | 12 2006   |
|                          | City  | State                      | Zip Code  | Transaction ID: 13550046                          |
|                          | Gainesville   | <u>FL</u>                  | 32608-4171  | Amount of Each Receipt this Period                |
|                          | FEC ID number of contributing federal political committee.  | C                          |   | 125.00  |
|                          | Name of Employer<br>Shands HealthCare   | Occupation Sr. VP &        | n<br>Treasurer/Finance  |   |
|                          | Receipt For:  | Aggregate                  | Year-to-Date ▼  |   |
|                          | Primary General Other (specify) ▼   |                            | 250.00  |   |
| <u> </u>                 | Full Name (Last, First, Middle Initial) Mr Paul M Rosenberg   |                            |   | Date of Receipt                                   |
|                          | Mailing Address 1600 SW Archer Road   |                            |   | 12 20 7 2006                                      |
|                          | City  | State                      | Zip Code  | Transaction ID: 13550047                          |
|                          | Gainesville   | FL                         | 32610-0326  | Amount of Each Receipt this Period                |
|                          | FEC ID number of contributing federal political committee.  | С                          |   | 250.00  |
|                          | Name of Employer<br>Shands HealthCare   | Occupation<br>Senior Vi    | n<br>ce President and General Co                                    | oun   |
|                          | Receipt For:  | Aggregate                  | Year-to-Date ▼  | 1   |
|                          | Primary General Other (specify) ▼   |                            | 500.00  |   |
| s                        | UBTOTAL of Receipts This Page (optional)  |                            |   | 625.00  |

TOTAL This Period (last page this line number only) .....

| SC          | CHEDULE A (FEC Form 3X)  |                            | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 94 / 228  |
|-------------|--|----------------------------|---|---|
| ITE         | EMIZED RECEIPTS  |                            | or each category of the   | (check only one)  X 11a 11b 11c 12  |
|             |  |                            | Detailed Summary Page   | 13 14 15 16 17  |
| Any<br>or f | r information copied from such Reports and Stator commercial purposes, other than using the na | tements may<br>ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|             | NAME OF COMMITTEE (In Full)  |                            |   |   |
| $\rangle$   | American Hospital Association PAC  |                            |   |   |
| _           | Full Name (Last, First, Middle Initial)<br>Mr. Zeff Ross                                       |                            |   | Date of Receipt   |
|             | Mailing Address 703 North Flamingo Roa   |                            |   | 12 2006   |
|             | City   | State                      | Zip Code  | Transaction ID: 13550048  |
|             | Pembroke Pines   | FL                         | 33028-1006  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                                     | C                          |   | 500.00  |
|             | Name of Employer<br>Memorial Hospital West   | Occupation<br>Administr    |   |   |
|             | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|             | Primary General  |                            | 1000.00   |   |
|             | Other (specify) ▼  | 0 0                        |   |   |
| 3.          | Full Name (Last, First, Middle Initial)<br>Mr. Frank V Sacco, , FACHE                          |                            |   | Date of Receipt   |
|             | Mailing Address 3501 Johnson Street  |                            |   | 12 20 20 2006   |
|             | City   | State                      | Zip Code  | Transaction ID: 13550049  |
|             | Hollywood  | <u>FL</u>                  | 33021-5487  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                                     | С                          |   | 500.00  |
|             | Name of Employer<br>Memorial Healthcare System   | Occupation Chief Exe       | n<br>ecutive Officer  |   |
|             | Receipt For:   | Aggregate                  | Year-to-Date ▼  |   |
|             | Primary General  Other (specify) ▼   |                            | 1000.00   |   |
|             |  |                            |   |   |
| _           | Full Name (Last, First, Middle Initial)<br>Ms Judy Sada  |                            |   | Date of Receipt   |
|             | Mailing Address 1901 SW 172nd Avenue   | •                          |   | 12 20 20 2006   |
|             | City   | State                      | Zip Code  | Transaction ID: 13550050  |
|             | Miramar  | <u>FL</u>                  | 33029-5592  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                                     | C                          |   | 125.00  |
|             | Name of Employer<br>Memorial Hospital Miramar  | Occupation<br>Chief Fin    | n<br>ancial Officer   |   |
|             | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|             | Primary General  |                            | 250.00  |   |
|             | Other (specify) ▼  |                            |   |   |
| SL          | JBTOTAL of Receipts This Page (optional)   |                            |   | 1125.00   |
| тс          | OTAL This Period (last page this line number or  | ılv)                       |   |   |

| SCHEDULE A (FEC Form 3X) |   |                           | Use separate schedule(s)             | FOR LINE NUMBER: PAGE 95 / 228               |
|--------------------------|---|---------------------------|--------------------------------------|--|
| ITEMIZED RECEIPTS        |   |                           | or each category of the              | (check only one)                             |
| • • •                    |   |                           | Detailed Summary Page                | X   11a   11b   11c   12   15   16   17      |
| Δn                       | y information copied from such Reports and St                             | atemente may              | y not be sold or used by any person  |  |
| or                       | for commercial purposes, other than using the                             | name and ado              | dress of any political committee to  | o solicit contributions from such committee. |
| $\setminus$              | NAME OF COMMITTEE (In Full)   |                           |                                      |  |
|                          | American Hospital Association PAC   |                           |                                      |  |
|                          | Full Name (Last, First, Middle Initial)<br>Mr. Steven R. Sampier          |                           |                                      | Date of Receipt                              |
|                          | Mailing Address 2830 S.W. 19th Terrac Unit C                              | е                         |                                      | 12 20 2006                                   |
|                          | City  | State                     | Zip Code                             | Transaction ID: 13550051                     |
|                          | Fort Lauderdale   | FL                        | 33315-2720                           | Amount of Each Receipt this Period           |
|                          | FEC ID number of contributing federal political committee.                | C                         |                                      | 125.00                                       |
|                          | Name of Employer<br>Memorial Regional Hospital                            | Occupation<br>Director of | of Community Services                | 7  |
|                          | Receipt For:  | Aggregate                 | Year-to-Date ▼                       |  |
|                          | Primary General   |                           | 250.00                               | 1  |
|                          | Other (specify)   | 0 0                       | 0 0 0 0 0 0                          |  |
| В.                       | Full Name (Last, First, Middle Initial)<br>Dr. Charles A Schauer, , Ph.D. |                           |                                      | Date of Receipt                              |
|                          | Mailing Address 3599 University Blvd S                                    | outh                      |                                      | 1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                          | City  | State Zip Code            |                                      | Transaction ID: 13550052                     |
|                          | Jacksonville  | FL                        | 32216-4211                           | Amount of Each Receipt this Period           |
|                          | FEC ID number of contributing federal political committee.                | C                         |                                      | 125.00                                       |
|                          | Name of Employer<br>Brooks Rehabilitation Hos-                            | Occupation<br>President   |                                      |  |
|                          | pital<br>Receipt For:   |                           | Year-to-Date ▼                       |  |
|                          | Primary General   | 00 0                      |                                      | 1  |
|                          | Other (specify) ▼   | 0 0                       | 250.00                               |  |
| C.                       | Full Name (Last, First, Middle Initial) Mr. David L. Schlemmer            |                           |                                      | Date of Receipt                              |
|                          | Mailing Address 8621 NW 53rd Court  |                           |                                      | 12 20 2006                                   |
|                          | City  | State                     | Zip Code                             | Transaction ID: 13550053                     |
|                          | Coral Springs   | FL                        | 33067-2846                           | Amount of Each Receipt this Period           |
|                          | FEC ID number of contributing federal political committee.                | C                         |                                      | 250.00                                       |
|                          | Name of Employer<br>Memorial Healthcare System                            | Occupation<br>Administr   | n<br>rative Director of Construction |  |
|                          | Receipt For:  | Aggregate                 | Year-to-Date ▼                       |  |
|                          | Primary General   |                           | 500.00                               | 1  |
|                          | Other (specify)   |                           |                                      | 1  |
| SI                       | JBTOTAL of Receipts This Page (optional)                                  |                           | )                                    | 500.00                                       |
| Т                        | OTAL This Period (last page this line number of                           | only)                     |                                      |  |

| SCHEDULE A (FEC Form 3X) |  | Lico coparato cobodulo(c) |   | FOR LINE NUMBER: PAGE 96 / 228   |
|--------------------------|--|---------------------------|---|--|
| ITEMIZED RECEIPTS        |  |                           | or each category of the   | (check only one)   |
| II EIVIIZED RECEIP 15    |  |                           | Detailed Summary Page   | X 11a 11b 11c 12   |
|                          |  |                           | ., .,   | 13 14 15 16 17   |
| Ar<br>or                 | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the n | atements may              | y not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| abla                     | NAME OF COMMITTEE (In Full)  |                           |   |  |
| $\rangle$                | American Hospital Association PAC  |                           |   |  |
| Α.                       | -  |                           |   | Date of Receipt  |
|                          | Mailing Address 3501 Johnson Street  |                           |   | 12 20 20 2006  |
|                          | City   | State                     | Zip Code  | Transaction ID: 13550055   |
|                          | Hollywood  | FL                        | 33021-5421  | Amount of Each Receipt this Period   |
|                          | FEC ID number of contributing federal political committee.   | C                         |   | 175.00   |
|                          | Name of Employer<br>Memorial Regional Hospital   | Occupation Chief Fin      | n<br>ancial Officer   |  |
|                          | Receipt For:   | Aggregate                 | e Year-to-Date ▼  | 7  |
|                          | Primary General  |                           | · · · · · · · · · · · · · · · · · · ·                                 | 1  |
|                          | Other (specify) ▼  | 0 0                       | 350.00  |  |
| В.                       | Full Name (Last, First, Middle Initial)<br>Mr Joseph Stuczynski                                    |                           |   | Date of Receipt  |
|                          | Mailing Address 7800 Sheridan Street   |                           |   | 12 20 7 2006   |
|                          | City   | State                     | Zip Code  | Transaction ID: 13550058   |
|                          | Pembroke Pines   | FL                        | 33024-2536  | Amount of Each Receipt this Period   |
|                          | FEC ID number of contributing federal political committee.   | C                         |   | 125.00   |
|                          | Name of Employer<br>Memorial Hospital Pembroke   | Occupation<br>Assistant   | n<br>t Administrator Finance and                                      | ─<br>Sw  |
|                          | Receipt For:   | Aggregate                 | e Year-to-Date ▼  |  |
|                          | Primary General  | 00 0                      |   | 1  |
|                          | Other (specify) ▼  | 0 0                       | 250.00  |  |
| <u> </u>                 | Full Name (Last, First, Middle Initial) Ms Deborah Tedder  |                           |   | Date of Receipt  |
|                          | Mailing Address 3501 Johnson Street  |                           |   | 12 20 7 2006   |
|                          | City   | State                     | Zip Code  | Transaction ID: 13550059   |
|                          | Hollywood  | FL                        | 33021-5421  | Amount of Each Receipt this Period   |
|                          | FEC ID number of contributing federal political committee.   | C                         |   | 250.00   |
|                          | Name of Employer<br>Memorial Regional Hospital   | Occupation Chief Op       | n<br>erating Officer and Chief Nu                                     | rs   |
|                          | Receipt For:  Primary General  Other (specify) ▼   |                           | e Year-to-Date ▼ 500.00   |  |
| s                        | UBTOTAL of Receipts This Page (optional)   |                           |   | 550.00   |
| -                        |  |                           |   |  |

| SCHEDULE A (FEC Form 3X)  |              | Use separate schedule(s)               | FOR LINE NUMBER: PAGE 97 / 228                               |
|---|--------------|--|--|
| TEMIZED RECEIPTS  |              | or each category of the                | (check only one)  X 11a  11b  11c  12                        |
|   |              | Detailed Summary Page                  | X   11a   11b   11c   12   15   16   17                      |
| Any information copied from such Reports and Sta                  | itements may | not be sold or used by any perso       | n for the purpose of soliciting contributions                |
| or for commercial purposes, other than using the n                | ame and add  | dress of any political committee to    | solicit contributions from such committee.                   |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC    |              |  |  |
| /   |              |  |  |
| Full Name (Last, First, Middle Initial) <b>1.</b> Ms. Nina Tucker |              |  | Date of Receipt  |
| Mailing Address 3115 N. 36th Avenue                               |              |  | M M / D D / Y Y Y Y  |
| City  | Ctata        | 7in Code                               | 12 20 2006   |
| City<br><u>Hollywood</u>  | State<br>FL  | Zip Code<br>33021-3062                 | Transaction ID: 13550062  Amount of Each Receipt this Period |
| FEC ID number of contributing                                     |              |  |  |
| federal political committee.                                      | C            |  | 250.00   |
| Name of Employer  | Occupation   | n                                      | 7  |
| Memorial Regional Hospital  | Administ     |  | _  |
| Receipt For:  Primary General                                     | Aggregate    | e Year-to-Date ▼                       |  |
| Other (specify)   |              | 500.00                                 |  |
|   |              |  |  |
| Full Name (Last, First, Middle Initial)  3. Ms. Tammy Tucker      |              |  | Date of Receipt  |
| Mailing Address 9631 Ridgeside Court                              |              |  | M M / D D / Y Y Y Y  |
| City  | State        | Zip Code                               | 12 20 2006   |
| Davie   | FL           | 33328-6907                             | Transaction ID: 13550063  Amount of Each Receipt this Period |
| FEC ID number of contributing                                     |              |  |  |
| federal political committee.                                      | C            |  | 125.00   |
| Name of Employer<br>Memorial Regional Hospital                    | Occupation   | n                                      | 7  |
|   |              | e Administrator                        |  |
| Receipt For:  Primary General                                     | Aggregate    | e Year-to-Date ▼                       |  |
| Other (specify)   |              | 250.00                                 |  |
|   |              |  |  |
| Full Name (Last, First, Middle Initial)  S. Ms. Felicia Turnley   |              |  | Date of Receipt  |
| Mailing Address 5212 NW 67th Avenue                               |              |  | M M / D D / Y Y Y Y  |
| City  | State        | Zip Code                               | 12 20 2006   |
| Lauderhill  | FL           | 33319-7226                             | Transaction ID: 13550064  Amount of Each Receipt this Period |
| FEC ID number of contributing                                     |              |  |  |
| federal political committee.                                      | C            |  | 125.00   |
| Name of Employer<br>Memorial Hospital West                        | Occupation   | n                                      | 7  |
| ·   |              | rative Director, Cancer Servi          | <u>c</u>   |
| Receipt For:  Primary General                                     | Aggregate    | e Year-to-Date ▼                       |  |
| Other (specify)   |              | 250.00                                 |  |
|   |              |  |  |
| SUBTOTAL of Receipts This Page (optional)                         |              |  | 500.00   |
| GODITOTAL or neceipts This Page (optional)                        |              | ······································ |  |
| TOTAL This Period (last page this line number or                  | nly)         | <b>&gt;</b>                            |  |

| S               | CHEDULE A (FEC Form 3X)  |                       | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 98 / 228                      |
|-----------------|--|-----------------------|-------------------------------------|---|
|                 | EMIZED RECEIPTS  |                       | or each category of the             | (check only one)                                    |
| •               |  |                       | Detailed Summary Page               | X   11a     11b     11c     12     15     16     17 |
| Δn              | y information copied from such Reports and Sta                       | tomonte may           | y not be sold or used by any perso  |   |
| or              | for commercial purposes, other than using the n                      | ame and add           | dress of any political committee to | solicit contributions from such committee.          |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |                       |                                     |   |
| $\rangle$       | American Hospital Association PAC                                    |                       |                                     |   |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Dr Miguel Venereo, , M.D. |                       |                                     | Date of Receipt                                     |
|                 | Mailing Address 703 North Flamingo Roa                               |                       |                                     | 12 20 7 2006  |
|                 | City   | State                 | Zip Code                            | Transaction ID: 13550066                            |
|                 | Pembroke Pines   | <u>FL</u>             | 33028-1006                          | Amount of Each Receipt this Period                  |
|                 | FEC ID number of contributing federal political committee.           | C                     |                                     | 125.00  |
|                 | Name of Employer<br>Memorial Hospital West                           | Occupation Director I | n<br>Medical Staff                  |   |
|                 | Receipt For:   | Aggregate             | Year-to-Date ▼                      |   |
|                 | Primary General  |                       | 250.00                              | 1   |
|                 | Other (specify) ▼  |                       | 230.00                              |   |
| 3.              | Full Name (Last, First, Middle Initial) Ms. Maggie Wiegandt          |                       |                                     | Date of Receipt                                     |
|                 | Mailing Address 19260 SW 30th Street                                 |                       |                                     | 12 20 20 2006                                       |
|                 | City   | State                 | Zip Code                            | Transaction ID: 13550069                            |
|                 | Miramar  | <u>FL</u>             | 33029-5817                          | Amount of Each Receipt this Period                  |
|                 | FEC ID number of contributing federal political committee.           | С                     |                                     | 125.00  |
|                 | Name of Employer<br>Memorial Healthcare System                       | Occupation Asst. Adr  | n<br>ninistrator                    |   |
|                 | Receipt For:   | Aggregate             | Year-to-Date ▼                      |   |
|                 | Primary General Other (specify) ▼                                    |                       | 250.00                              |   |
| _               | Full Name (Last, First, Middle Initial) Mr. William E. Woeltjen      |                       |                                     | Date of Receipt                                     |
| ٠.              | Mailing Address 1020 Sonato Lane                                     |                       |                                     | M M / D D / Y Y Y Y                                 |
|                 |  |                       |                                     | 12 20 2006  |
|                 | City   | State                 | Zip Code                            | Transaction ID: 13550070                            |
|                 | Apollo Beach   | FL                    | 33572-2727                          | Amount of Each Receipt this Period                  |
|                 | FEC ID number of contributing federal political committee.           | С                     |                                     | 50.00   |
|                 | Name of Employer<br>Sacred Heart Health System                       | Occupation Vice Pres  |                                     |   |
|                 | Receipt For:   | Aggregate             | e Year-to-Date ▼                    |   |
|                 | Primary General  |                       | 150.00                              |   |
|                 | Other (specify)  |                       |                                     |   |
| s               | UBTOTAL of Receipts This Page (optional)                             |                       |                                     | 300.00  |
| _               | OTAL This Davisd (last need this line asset)                         | alu)                  |                                     |   |
| - 1             | OTAL This Period (last page this line number or                      | пу)                   | ·······                             |   |

| SCHEDULE A (FEC Form 3X)                                       |   |                         | Use separate schedule(s)               | FOR LINE NUM        |                             |
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|  | EMIZED RECEIPTS   | or each category of the |  | (check only one)    | )                           |
| 11   | EIMIZED RECEIP 13   |                         | Detailed Summary Page                  |                     | 11b 11c 12                  |
|  |   |                         |  |                     | 14 15 16 17                 |
| Ar   | ly information copied from such Reports and Si<br>for commercial purposes, other than using the | atements may            | not be sold or used by any person      | n for the purpose o | of soliciting contributions |
| OI   | · · · · · · · · · · · · · · · · · · ·   | Solicit Contribution    | s from such committee.                 |                     |                             |
|  | NAME OF COMMITTEE (In Full)   |                         |  |                     |                             |
| 1/   | American Hospital Association PAC   |                         |  |                     |                             |
| <u></u>  | Full Name (Last, First, Middle Initial)   |                         |  |                     |                             |
| Α.   | Dr. Greg Zorman, M.D.   |                         |  | Date of Rece        | eipt                        |
|  | Mailing Address 5730 Arapahoe Road  |                         |  | M M /               | D D / Y Y Y Y               |
|  | 5 67667 Hapanoo Hoad  |                         |  | 12                  | 2006                        |
|  | City  | State                   | Zip Code                               | Transaction         | ID: 13550073                |
|  | Fort Lauderdale   | FL                      | 33312-6354                             | Amount of E         | ach Receipt this Period     |
|  | FEC ID number of contributing   |                         |  |                     | 1 1 1 1 1 1                 |
|  | federal political committee.  | C                       |  |                     | 500.00                      |
|  | Name of European  | 10                      | -                                      | _                   |                             |
|  | Name of Employer<br>Memorial Healthcare System  | Occupation              |  |                     |                             |
|  | Descint For   |                         | Neurosurgery<br>• Year-to-Date ▼       | _                   |                             |
|  | Receipt For: Primary General  | Aggregate               | e fear-lo-Dale ▼                       |                     |                             |
|  | Other (specify)   | ' '                     | 1000.00                                |                     |                             |
|  | Cutici (Specify)  | 1                       |  |                     |                             |
| _  | Full Name (Last, First, Middle Initial)   |                         |  |                     |                             |
| В.   |   |                         |  | Date of Rece        | eipt                        |
|  | Mailing Address 77 Tallwood Road  |                         |  | M M /               | D D / Y Y Y Y               |
|  |   |                         |  | 12                  | 2006                        |
|  | City  | State                   | Zip Code                               | Transaction         | <b>ID</b> : 13550077        |
|  | <u>Jacksonville</u>   | FL                      | 32250-2924                             | Amount of E         | ach Receipt this Period     |
|  | FEC ID number of contributing   | C                       |  | , ,                 | 125.00                      |
|  | federal political committee.  | C                       |  |                     | 123.00                      |
|  | Name of Employer  | Occupation              | า                                      | -                   |                             |
|  | Name of Employer<br>Brooks Rehabilitation Hos-  |                         | t and Chief Operating Officer          |                     |                             |
|  | pital<br>Receipt For:   |                         | Year-to-Date ▼                         |                     |                             |
|  | Primary General   | 33 -3                   |  |                     |                             |
|  | Other (specify) ▼   |                         | 250.00                                 |                     |                             |
|  |   |                         |  |                     |                             |
|  | Full Name (Last, First, Middle Initial)   |                         |  |                     |                             |
| C.   | Mr. Gary S Barber   |                         |  | Date of Rece        | eipt                        |
|  | Mailing Address 3501 Johnson Street   |                         |  | 1 2                 | 20 2006                     |
|  | City  | State                   | Zip Code                               |                     | ID: 13550079                |
|  | Hollywood   | FL                      | 33021-5421                             |                     | ach Receipt this Period     |
|  | •   |                         | 00021 0421                             | Amount of L         | ach neceipt this renou      |
|  | FEC ID number of contributing federal political committee.                                      | C                       |  |                     | 250.00                      |
|  |   |                         |  |                     |                             |
|  | Name of Employer<br>Memorial Healthcare System  | Occupation              |  |                     |                             |
| метопа пеанисаге бувтет<br>——————————————————————————————————— |   | General                 |  |                     |                             |
|  | Receipt For:  | Aggregate               | e Year-to-Date ▼                       |                     |                             |
|  | Primary General   | ' '                     | 500.00                                 |                     |                             |
| Other (specify) ▼  |   |                         |  |                     |                             |
|  |   |                         |  |                     |                             |
| _  | IIDTOTAL of Descints This Boss (set)  |                         |  |                     | 875.00                      |
| L  | UBTOTAL of Receipts This Page (optional)  |                         | ······                                 |                     |                             |
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| SC                   | CHEDULE A (FEC Form 3X)  |                            | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 100 / 228 (check only one)   |
|----------------------|--|----------------------------|---|--|
| IT                   | EMIZED RECEIPTS  |                            | or each category of the<br>Detailed Summary Page                    | X 11a 11b 11c 12<br>13 14 15 16 17   |
| An<br>or             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n    | tements may<br>ame and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |                            |   |  |
| ۹.                   | Full Name (Last, First, Middle Initial) Mr. Clifford J. Bauer Mailing Address 401 North West 131st A | venue                      |   | Date of Receipt  |
|                      | City   | State                      | Zip Code  | 1 2 2 0 2 0 0 6  Transaction ID: 13550081  |
|                      | Plantation   | FL                         | 33325   | Amount of Each Receipt this Period   |
|                      | FEC ID number of contributing federal political committee.   | C                          |   | 250.00   |
|                      | Name of Employer<br>North Ridge Medical Center   |                            | ecutive Officer   |  |
|                      | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼ 500.00   |  |
| 3.                   | Full Name (Last, First, Middle Initial) Ms. Veronica Bautista  |                            |   | Date of Receipt  |
|                      | Mailing Address 11022 Chandler Drive   |                            |   | 12 20 6  |
|                      | City<br>Hollywood  | State<br>FL                | Zip Code<br>33026-4742  | Transaction ID: 13550082   |
|                      | FEC ID number of contributing federal political committee.   | C                          | 33020-4742  | Amount of Each Receipt this Period  125.00   |
|                      | Name of Employer<br>Memorial Healthcare System   |                            | of Finance  |  |
|                      | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | Year-to-Date ▼ 250.00   |  |
| <b>D.</b>            | Full Name (Last, First, Middle Initial)<br>Mr. Philip K Beauchamp, , FACHE                           |                            |   | Date of Receipt  |
|                      | Mailing Address P O Box 210  |                            |   | 12 2006  |
|                      | City<br>Clearwater   | State<br>FL                | Zip Code<br>33757-0210  | Transaction ID: 13550083  Amount of Each Receipt this Period                             |
|                      | FEC ID number of contributing federal political committee.   | C                          | 33737-0210  | 250.00   |
|                      | Name of Employer<br>Morton Plant Mease Health<br>Care  | 1                          | t and Chief Executive Officer                                       |  |
|                      | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | Year-to-Date ▼ 500.00   |  |
| SI                   | UBTOTAL of Receipts This Page (optional)   |                            |   | 625.00   |
| T                    | OTAL This Period (last page this line number or  | nly)                       | <b>)</b>  |  |

| S   | CHEDULE A (FEC Form 3X)  |                            | Han against sub- 1.1.7.   | FOR LINE NUMBER: PAGE 101 / 228  |
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|   |  |                            | Use separate schedule(s)<br>or each category of the                     | (check only one)   |
| 11  | EMIZED RECEIPTS  |                            | Detailed Summary Page   | X 11a 11b 11c 12   |
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| An<br>or                                  | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$                             | NAME OF COMMITTEE (In Full)  |                            |   |  |
| $\rangle$                                 | American Hospital Association PAC  |                            |   |  |
| ۹.  | Full Name (Last, First, Middle Initial)<br>Mr. Paul Belcher  |                            |   | Date of Receipt  |
|   | Mailing Address Rt. 15, Box 241  |                            |   | 12 20 20 2006  |
|   | City   | State                      | Zip Code  | Transaction ID: 13550084   |
|   | Tallahassee  | FL                         | 32311   | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.   | C                          |   | 500.00   |
|   | Name of Employer<br>Florida Hospital Associat-   | Occupation<br>Senior Vi    | n<br>ce President   |  |
|   | ion<br>Receipt For:  |                            | Year-to-Date ▼  |  |
|   | Primary General  |                            | 1000.00   |  |
|   | Other (specify) ▼  |                            | 1000.00   |  |
| 3.  | Full Name (Last, First, Middle Initial)<br>Mr John A Benz  |                            |   | Date of Receipt  |
|   | Mailing Address 3501 Johnson Street  |                            |   | 12 20 2006   |
|   | City   | State                      | Zip Code  | Transaction ID: 13550085   |
|   | Hollywood  | FL                         | 33021-5421  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.   | C                          |   | 250.00   |
|   | Name of Employer<br>Memorial Healthcare System   | Occupation<br>Strategic    | n<br>& Business Development O   | ffic   |
|   | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |  |
|   | Primary General  |                            | 500.00  |  |
|   | Other (specify)  |                            | 300.00  |  |
| Э.  | Full Name (Last, First, Middle Initial)<br>Dr Brad Bjornstad, , M.D.                               |                            |   | Date of Receipt  |
| Mailing Address 3100 East Fletcher Avenue |  |                            |   | 12 20 2006   |
|   | City   | State                      | Zip Code  | Transaction ID: 13550087   |
|   | Tampa  | FL                         | 33613-4613  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.   | С                          |   | 50.00  |
|   | Name of Employer<br>University Community Hosp-<br>ital   | Occupation Vice Pres       | n<br>sident Medical Officer   |  |
|   | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |  |
|   | Primary General  |                            | 150.00  |  |
|   | Other (specify) ▼  |                            | 100.00  |  |
| s   | UBTOTAL of Receipts This Page (optional)   |                            |   | 800.00   |
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| S               | CHEDULE A (FEC Form 3X)  |                            | 11  | FOR LINE NUMBER:  | PAGE 102 / 228                    |
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|                 |  |                            | Use separate schedule(s) or each category of the                        | (check only one)  |                                   |
| 11              | EMIZED RECEIPTS  |                            | Detailed Summary Page   | X 11a 11b   | 11c 12                            |
|                 |  |                            |   | 13 14   | 15 16 17                          |
| An<br>or        | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of solicit<br>solicit contributions from s | ing contributions such committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |                            |   |   |                                   |
| $\rangle$       | American Hospital Association PAC  |                            |   |   |                                   |
| ۹.              | Full Name (Last, First, Middle Initial) Mr Forest Blanton  |                            |   | Date of Receipt   |                                   |
|                 | Mailing Address 3501 Johnson Street  |                            |   | 12 20   | 2006                              |
|                 | City   | State                      | Zip Code  | Transaction ID: 13  | 550088                            |
|                 | Hollywood  | FL                         | 33021-5421  | Amount of Each Red  | ceipt this Period                 |
|                 | FEC ID number of contributing federal political committee.   | C                          |   |   | 250.00                            |
|                 | Name of Employer<br>Memorial Regional Hospital   | Occupation<br>Administr    | n<br>rator Process Engineering  |   |                                   |
|                 | Receipt For:   |                            | e Year-to-Date ▼  |   |                                   |
|                 | Primary General  |                            | 500.00  | 1   |                                   |
|                 | Other (specify)  | 0 0                        | 500.00  |   |                                   |
| 3.              | Full Name (Last, First, Middle Initial)<br>Ms Sue E Bradford, R.N.                                 |                            |   | Date of Receipt   |                                   |
|                 | Mailing Address 703 North Flamingo Roa   | 12 / 20                    | 2006  |   |                                   |
|                 | City State Zip Code  |                            |   | Transaction ID: 13  | 550091                            |
|                 | Pembroke Pines   | FL                         | 33028-1014  | Amount of Each Red  | ceipt this Period                 |
|                 | FEC ID number of contributing federal political committee.   | C                          |   |   | 125.00                            |
|                 | Name of Employer<br>Memorial Hospital West   | Occupation                 |   |   |                                   |
|                 | Receipt For:   |                            | erating Officer  e Year-to-Date   T                                     |   |                                   |
|                 | Primary General  | Aggregate                  | rear-to-Date V  | 1   |                                   |
|                 | Other (specify) ▼  |                            | 250.00  |   |                                   |
| ).              | Full Name (Last, First, Middle Initial) Ms. Sue G Brody  |                            |   | Date of Receipt   |                                   |
|                 | Mailing Address 701 Sixth Street South   |                            |   | 12 20   | 2006                              |
|                 | City   | State                      | Zip Code  | Transaction ID: 13  | 550092                            |
|                 | Saint Petersburg   | FL                         | 33701-4891  | Amount of Each Red  |                                   |
|                 | FEC ID number of contributing federal political committee.   | C                          |   |   | 500.00                            |
|                 | Name of Employer<br>Bayfront Medical Center  | Occupation<br>President    | n<br>t and Chief Executive Office                                       |   |                                   |
|                 | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |                                   |
|                 | Primary General  |                            | 1000.00   | 1   |                                   |
|                 | Other (specify)  | 0 0                        | 1000.00   |   |                                   |
| s               | UBTOTAL of Receipts This Page (optional)   |                            |   |   | 875.00                            |
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| Use separate schedule(s) or each category of the Detailed Summary Page   X   11.  | a 11b 11c 12 12 14 15 16 17 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19  |
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| Detailed Summary Page    X   11.  | 14 15 16 17  propose of soliciting contributions ributions from such committee.  of Receipt  M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Any information copied from such Reports and Statements may not be sold or used by any person for the property of commercial purposes, other than using the name and address of any political committee to solicit contributions and statements may not be sold or used by any person for the property of commercial purposes, other than using the name and address of any political committee to solicit contributions and address of any political committ | of Receipt  M  / D  D  D  D  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  |
| or for commercial purposes, other than using the name and address of any political committee to solicit cont  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr Walter Bussell  Mailing Address 703 North Flamingo Road  City State Zip Code Pembroke Pines FL 33028-1014  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital West Chief Financial Officer  Receipt For: Primary General Other (specify) ▼  City State Zip Code Trans  Amo  Full Name (Last, First, Middle Initial)  B. Ms. Leah A Carpenter, BS,RN,MPA  Mailing Address 2571 SW 190th Avenue  City State Zip Code Trans  Mramar FL 33029-2463  Amo  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System Nurse Executive  Receipt For: Primary General Other (specify) ▼  Cocupation Nurse Executive  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Amo  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System Receipt For: Primary General Other (specify) ▼  Cocupation Nurse Executive  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti Mailing Address 317 SE 4th Terrace  | of Receipt  M / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr Walter Bussell  Mailing Address 703 North Flamingo Road  City  Pembroke Pines  FL  33028-1014  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital West  Chief Financial Officer  Receipt For: Primary General Other (specify) ▼  City  State Zip Code Trans  Amo  Full Name (Last, First, Middle Initial)  B. Ms. Leah A. Carpenter, BS,RN,MPA  Mailing Address 2571 SW 190th Avenue  City  Miramar  FL  33029-2463  FEC ID number of contributing federal political committee.  City  Name of Employer Memorial Healthcare System  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Amo  FEC ID number of contributing federal political committee.  C  Name of Employer Memorial Healthcare System  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date  Ms. Clarice M. Conti Mailing Address 317 SE 4th Terrace  | action ID: 13550096  Int of Each Receipt this Period   |
| Full Name (Last, First, Middle Initial)  A. Mr Walter Bussell  Mailing Address 703 North Flamingo Road  City State Zip Code Pembroke Pines FL 33028-1014  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital West Chief Financial Officer  Receipt For: Primary General Other (specify) ▼   | action ID: 13550096  Int of Each Receipt this Period   |
| A. Mr Walter Bussell  Mailing Address 703 North Flamingo Road  City Pembroke Pines FL 33028-1014  Amo  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital West Chief Financial Officer  Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  B. Ms. Leah A. Carpenter, BS,RN,MPA  Mailing Address 2571 SW 190th Avenue  City State Zip Code Trans  Miramar FL 33029-2463  Full Name of Employer Memorial Healthcare System Receipt For: Primary General Other (specify) ▼  Cucupation Nurse Executive  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name of Employer Memorial Healthcare System Nurse Executive  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti Mailing Address 317 SE 4th Terrace  | action ID: 13550096  Int of Each Receipt this Period   |
| City State Zip Code FL 33028-1014  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital West Chief Financial Officer  Receipt For:  Primary General Other (specify) ▼ C C  City State Zip Code Trans  Miling Address 2571 SW 190th Avenue  City State Zip Code Trans  Miramar FL 33029-2463  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System Nurse Executive  Receipt For:  Primary General Occupation Nurse Executive  Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Trans  Amo  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System Nurse Executive  Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ State Trans  Amo  Full Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti Date  Mailing Address 317 SE 4th Terrace  | 20 2006  action ID: 13550096  Int of Each Receipt this Period  |
| Pembroke Pines  FL 33028-1014  Amo  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital West  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Ms. Leah A. Carpenter, BS,RN,MPA  Mailing Address 2571 SW 190th Avenue  City State Zip Code Trans  Miramar FL 33029-2463  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System  Receipt For:  Primary General Occupation  Nurse Executive  Receipt For:  Primary General Other (specify) ▼  C. Ms. Clarice M. Conti  Mailing Address 317 SE 4th Terrace  | unt of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital West  Receipt For:  Primary General Other (specify) ▼  City State Zip Code Miramar FL 33029-2463  FEC ID number of contributing federal political committee.  Name of Employer Memorial Hospital West  City State Zip Code Miramar FL 33029-2463  Family Coccupation Nurse Executive  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cuty State Zip Code FL 33029-2463  FEC ID number of contributing federal political committee.  Pame of Employer Memorial Healthcare System  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Mis. Clarice M. Conti Mailing Address 317 SE 4th Terrace  | <del></del>  |
| Name of Employer   Memorial Hospital West   Chief Financial Officer   | 125.00   |
| Memorial Hospital West  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Ms. Leah A. Carpenter, BS,RN,MPA Mailing Address 2571 SW 190th Avenue  City State Zip Code Trans Miramar FL 33029-2463  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation Nurse Executive  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti  Mailing Address 317 SE 4th Terrace  |  |
| Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  B. Ms. Leah A. Carpenter, BS,RN,MPA Mailing Address 2571 SW 190th Avenue  City State Zip Code Miramar FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System  Receipt For: Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti Mailing Address 317 SE 4th Terrace  |  |
| Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. Ms. Leah A. Carpenter, BS,RN,MPA  Mailing Address 2571 SW 190th Avenue  City State Zip Code  FL 33029-2463  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti  Mailing Address 317 SE 4th Terrace  |  |
| B. Ms. Leah A. Carpenter, BS,RN,MPA Date   Mailing Address 2571 SW 190th Avenue   City State Zip Code   Miramar FL 33029-2463   FEC ID number of contributing federal political committee. C   Name of Employer Memorial Healthcare System Occupation Nurse Executive   Receipt For: Aggregate Year-to-Date ▼   Primary General   Other (specify) Tanally   Will Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼   Ms. Clarice M. Conti Date   Mailing Address 317 SE 4th Terrace   |  |
| City State Zip Code  Miramar FL 33029-2463  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti  Mailing Address 317 SE 4th Terrace  | of Receipt   |
| Miramar  FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti  Mailing Address 317 SE 4th Terrace   |  |
| FEC ID number of contributing federal political committee.  Name of Employer Memorial Healthcare System  Receipt For: Primary General Other (specify)  Other (specify)  Aggregate Year-to-Date   Full Name (Last, First, Middle Initial)  Ms. Clarice M. Conti Mailing Address 317 SE 4th Terrace   | action ID: 13550098  |
| Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Mailing Address 317 SE 4th Terrace    Name of Employer Memorial Healthcare System   Occupation Nurse Executive  | int of Each Receipt this Period  |
| Memorial Healthcare System  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  300.00  Full Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti  Mailing Address 317 SE 4th Terrace  | 150.00   |
| Primary General Other (specify)   Full Name (Last, First, Middle Initial)  C. Ms. Clarice M. Conti Mailing Address 317 SE 4th Terrace   |  |
| Other (specify) ▼  Solution  Full Name (Last, First, Middle Initial)  Ms. Clarice M. Conti  Mailing Address 317 SE 4th Terrace  |  |
| C. Ms. Clarice M. Conti  Mailing Address 317 SE 4th Terrace   |  |
|   | of Receipt   |
|   |  |
| City State Zip Code Trans   | action ID: 13550105  |
|   | int of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | 125.00   |
| Name of Employer Occupation Memorial Regional Hospital Administrator  |  |
| Receipt For: Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼ 250.00  |  |
| SUBTOTAL of Receipts This Page (optional)   |  |

TOTAL This Period (last page this line number only) .....

| SC                   | CHEDULE A (FEC Form 3X)   |                              | Use separate schedule(s)  | FOR LINE NUMBER: (check only one)                              | PAGE 104 / 228                     |
|----------------------|---|------------------------------|---|--|------------------------------------|
| IT                   | EMIZED RECEIPTS   |                              | or each category of the<br>Detailed Summary Page                    | X 11a 11b 1<br>13 14   | 11c                                |
| An<br>or             | y information copied from such Reports and Stator commercial purposes, other than using the r   | atements may<br>name and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting solicit contributions from su | ng contributions<br>uch committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |                              |   |  |                                    |
|                      | Full Name (Last, First, Middle Initial) Mr. William A. Edelstein Mailing Address 1930 Lakepoint Dr.  City Weston  FEC ID number of contributing federal political committee.  Name of Employer Memorial Regional Hospital  Receipt For: |                              | Zip Code 33326-2355  n Home Administrator e Year-to-Date ▼          | Date of Receipt    M M   | 2 0 0 6<br>50118                   |
|                      | Primary General Other (specify) ▼   |                              | 250.00  |  |                                    |
| 3.                   | Full Name (Last, First, Middle Initial) Ms. Dana Ferrell Mailing Address 807 Nira Street  |                              |   | Date of Receipt  | 2006                               |
|                      | City  | State                        | Zip Code  | Transaction ID: 135  |                                    |
|                      | Jacksonville FEC ID number of contributing federal political committee.   | C                            |   | Amount of Each Rece  | eipt this Period 250.00            |
|                      | Name of Employer Nemours Children's Clinic  Receipt For:  Primary General  Other (specify) ▼  |                              | of Government Relations e Year-to-Date ▼  500.00                    |  |                                    |
|                      | Full Name (Last, First, Middle Initial) Mr. Eric Freling  |                              |   | Date of Receipt  |                                    |
|                      | Mailing Address 2500 Princeton Court  |                              |   | 1 2 / 2 0  | 2006                               |
|                      | City<br>Weston  | State<br>FL                  | Zip Code<br>33327-1501  | Transaction ID: 135  |                                    |
|                      | FEC ID number of contributing federal political committee.  | C                            | 33327-1301  | Amount of Each Rece  | 125.00                             |
|                      | Name of Employer<br>Lee Memorial Hospital   | Occupation CEO               | n   |  |                                    |
|                      | Receipt For:  Primary General  Other (specify) ▼  | _                            | e Year-to-Date ▼<br>250.00  |  |                                    |
| SI                   | JBTOTAL of Receipts This Page (optional)  |                              |   |  | 500.00                             |
| т                    | OTAL This Period (last page this line number o  | nly)                         |   |  |                                    |

|                      | CHEDULE A (FEC Form 3X)   |                            | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 105 / 228 (check only one)   |
|----------------------|---|----------------------------|---|--|
| IT                   | EMIZED RECEIPTS   |                            | or each category of the<br>Detailed Summary Page                    | X 11a 11b 11c 12<br>13 14 15 16 17   |
| An<br>or             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n   | tements may<br>ame and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                       |                            |   |  |
| ۹.                   | Full Name (Last, First, Middle Initial) Ms. Cynthia Friedewald Mailing Address 10220 SW 12th Street |                            |   | Date of Receipt  |
|                      | City  | State                      | Zip Code  | Transaction ID: 13550122   |
|                      | Pembroke Pines  | FL                         | 33025-4701  | Amount of Each Receipt this Period   |
|                      | FEC ID number of contributing federal political committee.  | C                          |   | 125.00   |
|                      | Name of Employer<br>Memorial Regional Hospital  | Occupation<br>Chief Nur    | n<br>rse Executive  |  |
|                      | Receipt For: Primary General Other (specify)  | Aggregate                  | e Year-to-Date ▼<br>250.00  |  |
| 3.                   | Full Name (Last, First, Middle Initial)<br>Mr Robert Galloway                                       |                            |   | Date of Receipt  |
|                      | Mailing Address 1350 South Hickory Stre   | 12 20 6                    |   |  |
|                      | City  | State<br>FL                | Zip Code  | Transaction ID: 13550124   |
|                      | Melbourne  FEC ID number of contributing federal political committee.                               | C                          | 32901-3278  | Amount of Each Receipt this Period  125.00   |
|                      | Name of Employer<br>Holmes Regional Medical<br>Center   |                            | ce President Finance and C  | nie  |
|                      | Receipt For: Primary General Other (specify)  | Aggregate                  | Year-to-Date ▼ 250.00   |  |
| <b>)</b> .           | Full Name (Last, First, Middle Initial)<br>Ms. Martha Garcia  |                            |   | Date of Receipt  |
|                      | Mailing Address 7800 Sheridan Street  |                            |   | 12 20 6  |
|                      | Pembroke Pines  | State<br>FL                | Zip Code<br>33024-2536  | Transaction ID: 13550125  Amount of Each Receipt this Period                             |
|                      | FEC ID number of contributing federal political committee.  | C                          | 0002-7 2000   | 250.00   |
|                      | Name of Employer<br>Memorial Hospital Pembroke  | Occupation<br>Administr    |   |  |
|                      | Receipt For: Primary General Other (specify)  | Aggregate                  | Year-to-Date ▼ 500.00   |  |
| SI                   | JBTOTAL of Receipts This Page (optional)  |                            |   | 500.00   |
| T                    | OTAL This Period (last page this line number or   | nly)                       | <b></b>   |  |

| SC            | CHEDULE A (FEC Form 3X)   |                         | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 106 / 22   | 8  |
|---------------|---|-------------------------|---|--|----|
| IT            | EMIZED RECEIPTS   |                         | or each category of the   | (check only one)    X   11a  |    |
|               |   |                         | Detailed Summary Page   | 13 14 15 16  | 17 |
| An<br>or      | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | atements may            | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |    |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                         | · · · · · · · · · · · · · · · · · · ·                                     |  |    |
| $\rangle$     | American Hospital Association PAC   |                         |   |  |    |
| ۹.            | Full Name (Last, First, Middle Initial) Mr. Lawrence F. Garrison                                  |                         |   | Date of Receipt  |    |
|               | Mailing Address 6450 US Highway 1   |                         |   | 12 20 20 2006  |    |
|               | City  | State                   | Zip Code  | Transaction ID: 13550127   |    |
|               | Rockledge   | <u>FL</u>               | 32955-5747  | Amount of Each Receipt this Period   |    |
|               | FEC ID number of contributing federal political committee.  | C                       |   | 500.00   |    |
|               | Name of Employer<br>Cape Canaveral Hospital/H-<br>ealth First                                     | Occupation<br>Executive | n<br>e Vice President and COO   |  |    |
|               | Receipt For:  | Aggregate               | e Year-to-Date ▼  | 7  |    |
|               | Primary General Other (specify) ▼   |                         | 1000.00   |  |    |
|               | Full Name (Last, First, Middle Initial) Mr. Timothy J Goldfarb                                    |                         |   | Date of Receipt  |    |
|               | Mailing Address P O Box 100326  |                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |    |
|               | City  | State                   | Zip Code  | Transaction ID: 13550130   |    |
|               | Gainesville   | <u>FL</u>               | 32610-0326  | Amount of Each Receipt this Period   |    |
|               | FEC ID number of contributing federal political committee.  | C                       |   | 250.00   |    |
|               | Name of Employer<br>Shands at the University  | Occupation              | n<br>ecutive Officer  |  |    |
|               | of Florida Receipt For:   |                         | e Year-to-Date ▼  | -  |    |
|               | Primary General   | 00 0                    |   | 1  |    |
|               | Other (specify) ▼   | 0 0                     | 500.00  |  |    |
| Э.            | Full Name (Last, First, Middle Initial) Ms. Mary M. Guaracino                                     |                         |   | Date of Receipt  |    |
|               | Mailing Address 140 Commodore Drive<br>Apt. 710   |                         |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |    |
|               | City  | State                   | Zip Code  | Transaction ID: 13550131   |    |
|               | Plantation  | FL                      | 33325-2691  | Amount of Each Receipt this Period   | _  |
|               | FEC ID number of contributing federal political committee.  | C                       |   | 125.00   |    |
|               | Name of Employer<br>Memorial Regional Hospital  | Occupation Nursing I    | Director  |  |    |
|               | Receipt For:  | Aggregate               | e Year-to-Date ▼  |  |    |
|               | Primary General Other (specify) ▼   |                         | 250.00  |  |    |
| sı            | JBTOTAL of Receipts This Page (optional)  |                         |   | 875.00   |    |
|               |   |                         | •   |  |    |
| T             | OTAL This Period (last page this line number or   | nly)                    | <b>)</b>  |  |    |

| SC            | CHEDULE A (FEC Form 3X)  |   |   | FOR LINE NUMBER: PAGE 107 / 228   |
|---------------|--|---|---|---|
|               |  |   | Use separate schedule(s) or each category of the                          | (check only one)  |
| 111           | EMIZED RECEIPTS  |   | Detailed Summary Page   | X 11a 11b 11c 12  |
|               |  |   | , 0   | 13 14 15 16 17  |
| Ang<br>or f   | y information copied from such Reports and Sta<br>or commercial purposes, other than using the n | tements may<br>ame and add                  | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full)  |   |   |   |
| $\rangle$     | American Hospital Association PAC  |   |   |   |
| _             | Full Name (Last, First, Middle Initial)<br>Mr Kevin R Hammeran                                   |   |   | Date of Receipt   |
|               | Mailing Address 3100 SW 62nd Avenue  |   |   | 12 20 20 2006   |
|               | City   | State                                       | Zip Code  | Transaction ID: 13550133  |
|               | Miami  | FL  | 33155-3009  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.                                       | С   |   | 125.00  |
|               | Name of Employer<br>Miami Children's Hospital  | Occupation                                  | n<br>e Vice President and Chief C   | Dipe  |
|               | Receipt For:   | -   | e Year-to-Date ▼  |   |
|               | Primary General Other (specify) ▼  | 0 0   | 250.00  |   |
| _             | Full Name (Last, First, Middle Initial) Ms. Elaine Hawkins                                       |   |   | Date of Receipt   |
|               | Mailing Address 9736 Commerce Center   | 12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |   |
|               | City   | State                                       | Zip Code  | Transaction ID: 13550135  |
|               | Fort Myers   | FL  | 33908-3624  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.                                       | C   |   | 125.00  |
|               | Name of Employer<br>Specialty Risk Management<br>Services  | Occupation<br>President                     |   |   |
|               | Receipt For:   | Aggregate                                   | e Year-to-Date ▼  |   |
|               | Primary General Other (specify) ▼  | 0 0   | 250.00  |   |
| _             | Full Name (Last, First, Middle Initial) Mr. C. Kennon Hetlage                                    |   |   | Date of Receipt   |
|               | Mailing Address 1901 SW 172nd Avenue   | )   |   | 12 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|               | City   | State                                       | Zip Code  | Transaction ID: 13550139  |
|               | Miramar  | FL  | 33029-5592  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.                                       | C   |   | 375.00  |
|               | Name of Employer<br>Memorial Hospital Miramar  | Occupation<br>Administ                      |   |   |
|               | Receipt For:   | Aggregate                                   | e Year-to-Date ▼  |   |
|               | Primary General Other (specify) ▼  |   | 750.00  |   |
| sı            | JBTOTAL of Receipts This Page (optional)   |   |   | 625.00  |
|               |  |   | <u> </u>  |   |
| TO            | OTAL This Period (last page this line number or  | nly)  | <b>)</b>  |   |

| S               | CHEDULE A (FEC Form 3X)  |                             | 11  | FOR LINE NUMBER: PA   | AGE 108 / 228           |
|-----------------|--|-----------------------------|---|---|-------------------------|
|                 |  |                             | Use separate schedule(s) or each category of the                          | (check only one)  |                         |
| 11              | EMIZED RECEIPTS  |                             | Detailed Summary Page   | X 11a 11b 11c   | c 🔲 12 💹                |
|                 |  |                             |   | 13 14 15  |                         |
| An<br>or        | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the n | itements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting of solicit contributions from such | ontributions committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |                             |   |   |                         |
| $\rangle$       | American Hospital Association PAC  |                             |   |   |                         |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Mr. Stuart Hopen  |                             |   | Date of Receipt   |                         |
|                 | Mailing Address 3831 N. 43rd Avenue  |                             |   | 12 20   | 2006                    |
|                 | City   | State                       | Zip Code  | Transaction ID: 13550   | 140                     |
|                 | Hollywood  | <u>FL</u>                   | 33021-1831  | Amount of Each Receipt  | this Period             |
|                 | FEC ID number of contributing federal political committee.   | С                           |   |   | 125.00                  |
|                 | Name of Employer<br>Memorial Healthcare System   | Occupation                  | n<br>t General Counsel  |   |                         |
|                 | Receipt For:   | ·                           | e Year-to-Date ▼  |   |                         |
|                 | Primary General  |                             | 050.00  | 1   |                         |
|                 | Other (specify) ▼  |                             | 250.00  |   |                         |
| 3.              | Full Name (Last, First, Middle Initial)<br>Mr. Ronald A Hytoff                                     |                             |   | Date of Receipt   |                         |
|                 | Mailing Address P O Box 1289   |                             |   | 12 20   | 2006                    |
|                 | City   | State                       | Zip Code  | Transaction ID: 13550   | 143                     |
|                 | Tampa  | FL                          | 33601-1289  | Amount of Each Receipt  | this Period             |
|                 | FEC ID number of contributing federal political committee.   | C                           |   |   | 125.00                  |
|                 | Name of Employer<br>Tampa General Hospital   | Occupation<br>President     | n<br>t and Chief Executive Office   |   |                         |
|                 | Receipt For:   | Aggregate                   | e Year-to-Date ▼  |   |                         |
|                 | Primary General  | , , ,                       | 272.50  | 1   |                         |
|                 | Other (specify)  | 0 0                         | 272.30  |   |                         |
| Э.              | Full Name (Last, First, Middle Initial)<br>Mr. Richard M Irwin                                     |                             |   | Date of Receipt   |                         |
|                 | Mailing Address 10000 West Colonial Dr   | ive                         |   | 12 / 20   | 2006                    |
|                 | City   | State                       | Zip Code  | Transaction ID: 13550   | 145                     |
|                 | Ocoee  | FL                          | 34761-3499  | Amount of Each Receipt  | this Period             |
|                 | FEC ID number of contributing federal political committee.   | C                           |   |   | 250.00                  |
|                 | Name of Employer<br>Health Central   | Occupation President        | n<br>t and Chief Executive Office   | -   |                         |
|                 | Receipt For:   | Aggregate                   | e Year-to-Date ▼  |   |                         |
|                 | Primary General  |                             | 500.00  | 1   |                         |
|                 | Other (specify)  |                             | 300.00  |   |                         |
| s               | UBTOTAL of Receipts This Page (optional)   |                             |   |   | 500.00                  |
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| S         | CHEDULE A (FEC Form 3X)  |                        | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 109 / 228               |
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|           | EMIZED RECEIPTS  |                        | or each category of the             | (check only one)                              |
| ••        | EMIZED RECEIL TO   |                        | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17       |
| Ar        | y information copied from such Reports and St                    | atements may           | not be sold or used by any pers     |   |
| or        | for commercial purposes, other than using the                    | name and add           | dress of any political committee to | solicit contributions from such committee.    |
| Λ         | NAME OF COMMITTEE (In Full)                                      |                        |                                     |   |
|           | American Hospital Association PAC                                |                        |                                     |   |
| Α.        | Full Name (Last, First, Middle Initial) Ms. Patricia Jackson     |                        |                                     | Date of Receipt                               |
|           | Mailing Address 1920 South Ocean Driv<br>Apt. 1709               | /e                     |                                     | 12 20 20 2006                                 |
|           | City   | State                  | Zip Code                            | Transaction ID: 13550146                      |
|           | Fort Lauderdale  | <u>FL</u>              | 33316-3764                          | Amount of Each Receipt this Period            |
|           | FEC ID number of contributing federal political committee.       | C                      |                                     | 125.00  |
|           | Name of Employer<br>Memorial Healthcare System                   | Occupation<br>Risk Man |                                     |   |
|           | Receipt For:   | Aggregate              | Year-to-Date ▼                      |   |
|           | Primary General  |                        | 250.00                              | 7   |
|           | Other (specify) ▼  |                        |                                     |   |
| В.        | Full Name (Last, First, Middle Initial)<br>Mr. Joe Johnson       |                        |                                     | Date of Receipt                               |
|           | Mailing Address 1055 Saxon Boulevard                             |                        |                                     | 12 20 2006                                    |
|           | City State Zip Code  |                        | Transaction ID: 13550149            |   |
|           | Orange City  | FL                     | 32763-8468                          | Amount of Each Receipt this Period            |
|           | FEC ID number of contributing federal political committee.       | C                      |                                     | 250.00  |
|           | Name of Employer<br>Florida Hospital Fish Mem-                   | Occupation             | n<br>t and Chief Executive Office   | r   |
|           | orial<br>Receipt For:  |                        | Year-to-Date ▼                      | <u>.                                     </u> |
|           | Primary General  |                        | 500.00                              | 1   |
|           | Other (specify) ▼  | 0 0                    | 500.00                              |   |
| <u>с.</u> | Full Name (Last, First, Middle Initial) Ms. Catherine B. Johnson |                        |                                     | Date of Receipt                               |
| Ο.        | Mailing Address 8390 North West 24th                             | Court                  |                                     | M M / D D / Y Y Y Y                           |
|           |  |                        |                                     | 12 20 2006                                    |
|           | City   | State                  | Zip Code                            | Transaction ID: 13550151                      |
|           | Pembroke Pines   | FL                     | 33024                               | Amount of Each Receipt this Period            |
|           | FEC ID number of contributing federal political committee.       | С                      |                                     | 125.00  |
|           | Name of Employer<br>Memorial Hospital of Jack-<br>sonville       | Occupation<br>Director | <u> </u>                            |   |
|           | Receipt For:   | Aggregate              | e Year-to-Date ▼                    |   |
|           | Primary General  |                        | 250.00                              | 7   |
|           | Other (specify) ▼  |                        | 230.00                              |   |
| s         | UBTOTAL of Receipts This Page (optional)                         |                        |                                     | 500.00  |
|           |  |                        | ·                                   |   |
| T         | OTAL This Period (last page this line number of                  | only)                  |                                     |   |

| SCHEDULE A  | (FEC Form 3X)<br>CEIPTS                     |                                | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  X 11a 11b 11b 13           | PAGE 110 / 228                      |
|---|---|--------------------------------|--|---|-------------------------------------|
| Any information copies or for commercial purp   | d from such Reports and Sta                 | tements may<br>ame and add     | not be sold or used by any persodress of any political committee to          | on for the purpose of solic<br>solicit contributions from     | iting contributions such committee. |
| NAME OF COMM<br>American Hosp   | ITTEE (In Full)<br>ital Association PAC     |                                |  |   |                                     |
| Full Name (Last, F Mr. Regginald L. Jo Mailing Address  City Hollywood FEC ID number of federal political cor Name of Employer Memorial Hospital  Receipt For: Primary Other (specif    | contributing mmittee.  Pembroke  General    |                                | Zip Code 33023-3116  n e Administrator e Year-to-Date ▼ 250.00               | Date of Receipt  1 2 2 0  Transaction ID: 1  Amount of Each R | 2 0 0 6<br>3550155                  |
| Full Name (Last, F<br>Mr. Ray Kendrick<br>Mailing Address  City  Weston   | irst, Middle Initial) 4232 Mahogany Ridge [ | Orive<br>State<br>FL           | Zip Code<br>33331-3826   | Date of Receipt  1 2 2 0  Transaction ID: 1  Amount of Each R | 2 0 0 6<br>3550156                  |
| FEC ID number of federal political cor  Name of Employer Memorial Hospital  Receipt For:  Primary  Other (specif  | West General                                | Occupation<br>CEO<br>Aggregate | Year-to-Date ▼ 500.00  | ]   | 250.00                              |
| Full Name (Last, F Mr. Anthony C. Kray Mailing Address  City Plantation  FEC ID number of federal political cor  Name of Employer Memorial Regional  Receipt For: Primary Other (specif | contributing mmittee.  I Hospital  General  |                                | Zip Code 33317-3329  Troporate Affairs Officer S Year-to-Date ▼ 1000.00      | Date of Receipt  1 2 2 0  Transaction ID: 1  Amount of Each R | 2 0 0 6<br>3550158                  |
| SUBTOTAL of Rece  | eipts This Page (optional)                  |                                |  |   | 875.00                              |
| TOTAL This Period   | (last page this line number o               | nly)                           |  |   |                                     |

| S               | CHEDULE A (FEC Form 3X)   |                              | Harrison and J. L. L. C.  | FOR LINE NUMBER: PAGE  | 111 / 228         |
|-----------------|---|------------------------------|---|--|-------------------|
|                 | EMIZED RECEIPTS   |                              | Use separate schedule(s) or each category of the                        | (check only one)   | _                 |
| 11              | EMIZED RECEIPTS   |                              | Detailed Summary Page   | X 11a 11b 11c  | 12                |
|                 |   |                              |   | 13 14 15   | 16 17             |
| An<br>or        | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may<br>name and add | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions from such comm | utions<br>nittee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)   |                              |   |  |                   |
| /               | American Hospital Association PAC   |                              |   |  |                   |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Mr. Ford Kyes  |                              |   | Date of Receipt  |                   |
|                 | Mailing Address P O Box 12588   |                              |   |  | 006               |
|                 | City  | State                        | Zip Code  | Transaction ID: 13550159                                     |                   |
|                 | Saint Petersburg  | <u>FL</u>                    | 33733-2588  | Amount of Each Receipt this F                                | 'eriod            |
|                 | FEC ID number of contributing federal political committee.  | C                            |   |  | 250.00            |
|                 | Name of Employer<br>St. Anthony's Hospital  | Occupation<br>President      |   | 1  |                   |
|                 | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |                   |
|                 | Primary General   | 1 1                          | 500.00  |  |                   |
|                 | Other (specify)   | 0 0                          | 500.00  |  |                   |
| 3.              | Full Name (Last, First, Middle Initial)<br>Ms. Lorraine L. Lutton                                 |                              |   | Date of Receipt  |                   |
|                 | Mailing Address 6508 North River Bouler   |                              | 006   |  |                   |
|                 | City  | State                        | Zip Code  | Transaction ID: 13550164                                     |                   |
|                 | Tampa   | <u>FL</u>                    | 33604-6028  | Amount of Each Receipt this F                                | 'eriod            |
|                 | FEC ID number of contributing federal political committee.  | C                            |   |  | 125.00            |
|                 | Name of Employer<br>St. Joseph's Hospital   | Occupation                   |   |  |                   |
|                 | Receipt For:  | · · · · · ·                  | erating Officer  e Year-to-Date   T                                     |  |                   |
|                 | Primary General   | Aggregate                    | r rear-to-date V  |  |                   |
|                 | Other (specify) ▼   | 0 0                          | 250.00  |  |                   |
| <u> </u>        | Full Name (Last, First, Middle Initial) Mr. Isaac Mallah  |                              |   | Date of Receipt  |                   |
|                 | Mailing Address P O Box 4227  |                              |   |  | 006               |
|                 | City  | State                        | Zip Code  | Transaction ID: 13550167                                     |                   |
|                 | Tampa   | FL                           | 33677-4227  | Amount of Each Receipt this F                                | eriod 'eriod      |
|                 | FEC ID number of contributing federal political committee.  | C                            |   |  | 250.00            |
|                 | Name of Employer<br>St. Joseph's Hospital   | Occupation<br>President      | n<br>t and Chief Executive Office                                       | _  |                   |
|                 | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |                   |
|                 | Primary General   |                              | 500.00  |  |                   |
|                 | Other (specify) ▼   |                              | 500.00  |  |                   |
| s               | UBTOTAL of Receipts This Page (optional)  |                              |   | 6  | 25.00             |
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| SCHEDULE A (FEC Form 3X)  |             | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 112 / 228                      |
|---|-------------|-------------------------------------|--|
| TEMIZED RECEIPTS  |             | or each category of the             | (check only one)                                     |
|   |             | Detailed Summary Page               | X   11a   11b   11c   12<br>  13   14   15   16   17 |
| Any information copied from such Reports and Sta                                | tements may | not be sold or used by any perso    | on for the purpose of soliciting contributions       |
| or for commercial purposes, other than using the n                              | ame and add | dress of any political committee to | solicit contributions from such committee.           |
| NAME OF COMMITTEE (In Full)   |             |                                     |  |
| American Hospital Association PAC   |             |                                     |  |
| Full Name (Last, First, Middle Initial) <b>A.</b> Ms. Dorothy J Mancini, , R.N. |             |                                     | Date of Receipt                                      |
| Mailing Address 6401 North Federal High   | nway        |                                     | 12 20 20 6   |
| City  | State       | Zip Code                            | Transaction ID: 13550168                             |
| Laud By Sea   | FL          | 33308-1405                          | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.                      | C           |                                     | 125.00   |
| Name of Employer<br>Imperial Point Medical Ce-                                  | Occupation  | n<br>ecutive Officer                |  |
| nter<br>Receipt For:  |             | e Year-to-Date ▼                    |  |
| Primary General   |             | 050.00                              | 1  |
| Other (specify) ▼   | 0 0         | 250.00                              |  |
| Full Name (Last, First, Middle Initial)  3. Dr Stanley Marks, , M.D.            |             |                                     | Date of Receipt                                      |
| Mailing Address 3501 Johnson Street   |             |                                     | 12 20 7 2006   |
| City  | State       | Zip Code                            | Transaction ID: 13550170                             |
| Pembroke Pines  | <u>FL</u>   | 33021-5421                          | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.                      | C           |                                     | 250.00   |
| Name of Employer<br>Memorial Healthcare System                                  | Occupation  |                                     |  |
|   | 1           | dical Officer                       | _  |
| Receipt For:  Primary General   | Aggregate   | e Year-to-Date ▼                    | ,  |
| Other (specify)   |             | 500.00                              |  |
|   |             |                                     |  |
| Full Name (Last, First, Middle Initial)  Mr. Stephen Mason                      |             |                                     | Date of Receipt                                      |
| Mailing Address 3909 Snapper Pointe Dr  | ive         |                                     | 12 20 20 6   |
| City  | State       | Zip Code                            | Transaction ID: 13550172                             |
| Tampa   | FL          | 33611-1030                          | Amount of Each Receipt this Period                   |
| FEC ID number of contributing   |             |                                     |  |
| federal political committee.  | С           |                                     | 500.00   |
| Name of Employer<br>BayCare Health System                                       | Occupation  |                                     |  |
| Freside:  |             |                                     | _  |
|   |             | e Year-to-Date ▼                    | ,  |
| Other (specify)   |             | 1000.00                             |  |
|   | -           | 0 0 0 0 0 0                         | 4  |
| SUBTOTAL of Receipts This Page (optional)                                       |             |                                     | 875.00   |
| TOTAL This Period (last nage this line number or                                | alv)        |                                     |  |

| SCHEDULE A (FEC Form 3X)  |                              | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 113 / 228                              |  |  |  |
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| TEMIZED RECEIPTS  |                              | or each category of the   | (check only one)  X 11a  11b  11c  12                        |  |  |  |
|   |                              | Detailed Summary Page   | X   11a     11b     11c     12     15     16     17          |  |  |  |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the n | atements may                 | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions               |  |  |  |
| NAME OF COMMITTEE (In Full)   |                              | , , , , , , , , , , , , , , , , , , ,                                     |  |  |  |  |
| American Hospital Association PAC   |                              |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Ms. Mary McGillicuddy                                      |                              |   | Date of Receipt  |  |  |  |
| Mailing Address 2820 SE 19th Place  |                              | 7:01  | 12 20 2006   |  |  |  |
| City<br><u>Cape Coral</u>   | State<br>FL                  | Zip Code<br>33904-4015  | Transaction ID: 13550183  Amount of Each Receipt this Period |  |  |  |
| FEC ID number of contributing federal political committee.  | C                            | 33304-4013  | 125.00   |  |  |  |
| Name of Employer<br>Lee Memorial Hospital   | Occupation<br>Legal Co       |   |  |  |  |  |
| Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼<br>250.00  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  3. Ms. Marilyn R. Miceli                                   |                              |   | Date of Receipt  |  |  |  |
| Mailing Address 21538 sweetwater Lane   |                              |   | 12 20 6  |  |  |  |
| City  | State                        | Zip Code  | Transaction ID: 13550185                                     |  |  |  |
| Boca Raton  | FL                           | 33428-1015  | Amount of Each Receipt this Period                           |  |  |  |
| FEC ID number of contributing federal political committee.  | C                            |   | 125.00   |  |  |  |
| Name of Employer<br>Memorial Regional Hospital  | Occupation<br>Administration | n<br>rative Director  |  |  |  |  |
| Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |  |  |  |
| Primary General Other (specify) ▼   |                              | 250.00  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Mr. George Mikitarian                                      |                              |   | Date of Receipt  |  |  |  |
| Mailing Address 951 North Washington A  | Avenue                       |   | 12 2006  |  |  |  |
| City  | State                        | Zip Code  | Transaction ID: 13550186                                     |  |  |  |
| <u>Titusville</u>   | FL                           | 32796-2163  | Amount of Each Receipt this Period                           |  |  |  |
| FEC ID number of contributing federal political committee.  | С                            |   | 125.00   |  |  |  |
| Name of Employer<br>Parrish Medical Center  |                              | ecutive Officer   |  |  |  |  |
| Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |  |  |  |
| Primary General Other (specify) ▼   |                              | 250.00  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)   |                              |   |  |  |  |  |
| TOTAL This Period (last page this line number or  | nly)                         |   |  |  |  |  |

| S             | CHEDULE A (FEC Form 3X)   |                              |   | FOR LINE NUMBER: PAGE 114 / 228  |
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|               |   |                              | Use separate schedule(s) or each category of the                          | (check only one)   |
| H             | EMIZED RECEIPTS   |                              | Detailed Summary Page   | X 11a 11b 11c 12   |
|               |   |                              | ,   | 13 14 15 16 17   |
| An<br>or      | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | itements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                              |   |  |
| $\rangle$     | American Hospital Association PAC   |                              |   |  |
| ۸.            | Full Name (Last, First, Middle Initial)<br>Mr Matthew J Muhart                                    |                              |   | Date of Receipt  |
|               | Mailing Address 3501 Johnson Street   |                              |   | 12 20 7 2006   |
|               | City  | State                        | Zip Code  | Transaction ID: 13550194   |
|               | Hollywood   | <u>FL</u>                    | 33021-5421  | Amount of Each Receipt this Period   |
|               | FEC ID number of contributing federal political committee.  | C                            |   | 250.00   |
|               | Name of Employer<br>Memorial Healthcare System  | Occupation<br>Chief Fin      | n<br>ancial Officer   |  |
|               | Receipt For:  |                              | e Year-to-Date ▼  | 7  |
|               | Primary General Other (specify) ▼   |                              | 500.00  |  |
| 3.            | Full Name (Last, First, Middle Initial) Mr. Anthony E. Watkins, MD.                               |                              |   | Date of Receipt  |
|               | Mailing Address 1785 Redwood Terrace  |                              |   | 12 29 2006   |
|               | City  | State                        | Zip Code  | Transaction ID: 13550859   |
|               | Washington  | DC                           | 20012-1054  | Amount of Each Receipt this Period   |
|               | FEC ID number of contributing federal political committee.  | C                            |   | 250.00   |
|               | Name of Employer<br>Washington Hospital Center  | Occupation Vice Pres         |   |  |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |
|               | Primary General Other (specify) ▼   |                              | 250.00  |  |
| <u> </u>      | Full Name (Last, First, Middle Initial) Mr. Rand J Wortman  |                              |   | Date of Receipt  |
|               | Mailing Address 888 Swift Boulevard   |                              |   | 12   |
|               | City  | State                        | Zip Code  | Transaction ID: 13550969   |
|               | Richland  | WA                           | 99352-3542  | Amount of Each Receipt this Period   |
|               | FEC ID number of contributing federal political committee.  | С                            |   | 250.00   |
|               | Name of Employer<br>Kadlec Medical Center   | Occupation<br>Presiden       | n<br>t and Chief Executive Office   |  |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |
|               | Primary General Other (specify) ▼   |                              | 250.00  |  |
| S             | UBTOTAL of Receipts This Page (optional)  |                              |   | 750.00   |
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|                      | CHEDULE A (FEC Form 3X)   |                            | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 115 / 228 (check only one)  |
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| IT                   | EMIZED RECEIPTS   |                            | or each category of the<br>Detailed Summary Page                    | X 11a 11b 11c 12<br>13 14 15 16 17  |
| An<br>or             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                     |                            |   |   |
| <b>4.</b>            | Full Name (Last, First, Middle Initial) Ms. Medrice Coluccio  Mailing Address P O Box 3002        |                            |   | Date of Receipt   |
|                      | City  | State                      | Zip Code  | 1 2 2 9 2 0 0 6 Transaction ID: 13550970  |
|                      | Longview  | WA                         | 98632-0302  | Amount of Each Receipt this Period  |
|                      | FEC ID number of contributing federal political committee.  | C                          |   | 250.00  |
|                      | Name of Employer<br>St. John Medical Center   | Occupation Chief Exe       | n<br>ecutive Officer  |   |
|                      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                  | Year-to-Date ▼ 375.00   |   |
| 3.                   | Full Name (Last, First, Middle Initial)<br>Mr. Joseph M Kortum                                    |                            |   | Date of Receipt   |
|                      | Mailing Address P O Box 1600  |                            |   | 12 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|                      | City  | State                      | Zip Code  | Transaction ID: 13550971  |
|                      | Vancouver  FEC ID number of contributing federal political committee.                             | C                          | 98668-1600  | Amount of Each Receipt this Period  250.00  |
|                      | Name of Employer<br>Southwest Washington Medi-<br>cal Center                                      | Occupation<br>President    | n<br>t and Chief Executive Office                                   | <del>-</del>  |
|                      | Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  | Aggregate                  | e Year-to-Date ▼<br>250.00  |   |
| <b>D.</b>            | Full Name (Last, First, Middle Initial) Ms. Janet True  |                            |   | Date of Receipt   |
|                      | Mailing Address 300 Elliott Avenue West Suite 300   |                            |   | 12 / 29 / 4 2006  |
|                      | City<br>Seattle   | State<br>WA                | Zip Code  | Transaction ID: 13550972  |
|                      | FEC ID number of contributing federal political committee.  | C                          | 98119-4198  | Amount of Each Receipt this Period  500.00  |
|                      | Name of Employer Washington State Hospital Association Receipt For:                               | Occupation<br>CEO          | n<br>• Year-to-Date ▼   |   |
|                      | Primary General Other (specify) ▼   | Aggregate                  | 500.00  |   |
| S                    | UBTOTAL of Receipts This Page (optional)  |                            |   | 1000.00   |
| T                    | OTAL This Period (last page this line number or   | nly)                       |   |   |

| SCH             | EDULE A (FEC Form 3X)  |             | Use separate schedule(s)  | FOR LINE NUI      |   |
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| Any info        | ormation copied from such Reports and Sta<br>ommercial purposes, other than using the na | tements may | not be sold or used by any perso<br>dress of any political committee to | n for the purpose | 14 15 16 17 of soliciting contributions         |
| \ NAN           | ME OF COMMITTEE (In Full) erican Hospital Association PAC                                | amo and ado | according political committee to  |                   | io non committee.                               |
| <b>4.</b> Ms 7  | Name (Last, First, Middle Initial) Ferry Murphy ing Address 640 South State Street       | State       | Zip Code  | Date of Rec       | eeipt 2 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Dov             | ver  | DE          | 19901-3597  |                   | Each Receipt this Period                        |
|                 | CID number of contributing ral political committee.                                      | C           |   |                   | 250.00  |
| Bayl            | ne of Employer<br>health Medical Center<br>eipt For:                                     |             | n<br>e Vice President and Chief O<br>e Year-to-Date ▼                   | pe                |   |
|                 | Primary General Other (specify)  | Aggregate   | 250.00  |                   |   |
| <b>3.</b> Mr. [ | Name (Last, First, Middle Initial)<br>Dennis E Klima                                     |             |   | Date of Rec       | <u> </u>  |
|                 | Mailing Address 640 South State Street   |             |   | 12                | 29 2006   |
| City            |  | State       | Zip Code  |                   | 10: 13558274                                    |
|                 | ID number of contributing  | DE C        | 19901-3597  | Amount of E       | Each Receipt this Period 500.00                 |
|                 | eral political committee.  | Occupation  | 1   |                   |   |
| Bayl            | ne of Employer<br>health Medical Center  | President   | t and Chief Executive Officer   |                   |   |
| Rec             | eipt For:  Primary General  Other (specify) ▼  | Aggregate   | e Year-to-Date ▼ 500.00   |                   |   |
|                 | Name (Last, First, Middle Initial) Clarence LaLiberty                                    |             |   | Date of Rec       | point   |
|                 | ing Address 2603 West 16th Street  |             |   | M M / 1 2         | 29 2006   |
| City            |  | State       | Zip Code  | Transaction       | ı ID: 13558457                                  |
| <u>Wil</u>      | mington  | DE          | 19806-1103  | Amount of E       | Each Receipt this Period                        |
| fede            | CID number of contributing praid political committee.                                    | C           |   |                   | 825.00  |
|                 | ne of Employer<br>Francis Hospital   |             | ecutive Officer   |                   |   |
| Rec             | eipt For:  Primary General  Other (specify) ▼  | Aggregate   | Year-to-Date ▼ 825.00   |                   |   |
| SUBT            | OTAL of Receipts This Page (optional)  |             | ·····   |                   | 1575.00   |
| TOTAL           | L This Period (last page this line number or   | nly)        | <b>&gt;</b>   |                   |   |

|                 | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                            | Use separate schedule(s) or each category of the                          | FOR LINE NUMBER: PAGE 117 / 228 (check only one)  |
|-----------------|---|----------------------------|---|---|
| •               |   |                            | Detailed Summary Page   | X   11a     11b     11c     12     15     16     17                                       |
| An<br>or        | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)   |                            |   |   |
| $\rangle$       | American Hospital Association PAC   |                            |   |   |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Ms Vanessa Purnell                                     |                            |   | Date of Receipt   |
|                 | Mailing Address 201 East University Parl  | kway                       |   | 12 29 7 2006  |
|                 | City  | State                      | Zip Code  | Transaction ID: 13558488  |
|                 | Baltimore   | MD                         | 21218-2895  | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C                          |   | 250.00  |
|                 | Name of Employer<br>Union Memorial Hospital   | Occupation<br>Assistant    | n<br>t Vice President Governmen   | t Af  |
|                 | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |   |
|                 | Primary General Other (specify) ▼   | 0 0                        | 250.00  |   |
| 3.              | Full Name (Last, First, Middle Initial) Mr. Bradley Chambers                                      |                            |   | Date of Receipt   |
|                 | Mailing Address 201 East University Parl  | 12 29 7 2006               |   |   |
|                 | City  | State                      | Zip Code  | Transaction ID: 13558489  |
|                 | Baltimore   | MD                         | 21218-2895  | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C                          |   | 250.00  |
|                 | Name of Employer<br>Union Memorial Hospital   | Occupation                 | n<br>erating Officer  |   |
|                 | Receipt For:  |                            | e Year-to-Date ▼  |   |
|                 | Primary General Other (specify) ▼   |                            | 250.00  |   |
| <u> </u>        | Full Name (Last, First, Middle Initial) Ms. Rosalie Most  |                            |   | Date of Receipt   |
|                 | Mailing Address 201 East University Parl  | kway                       |   | 12 29 2006  |
|                 | City  | State                      | Zip Code  | Transaction ID: 13558493  |
|                 | Baltimore   | MD                         | 21218-2891  | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | С                          |   | 250.00  |
|                 | Name of Employer<br>Union Memorial Hospital   | Occupation Vice Pres       | n<br>sident Care Services   |   |
|                 | Receipt For:  | Aggregate                  | e Year-to-Date ▼  | . [   |
|                 | Primary General Other (specify) ▼   |                            | 250.00  |   |
| S               | UBTOTAL of Receipts This Page (optional)  |                            |   | 750.00  |
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| SCHEDULE A (FEC Form 3X) |  |              | Use separate schedule(s)            | FOR LINE NUMBER:           | PAGE 118 / 228    |
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| ITEMIZED RECEIPTS        |  |              | or each category of the             | (check only one)           | . —               |
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| or                       | y information copied from such Reports and St<br>for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from | such committee.   |
|                          | NAME OF COMMITTEE (In Full)  |              |                                     |                            |                   |
| $  \rangle$              | American Hospital Association PAC  |              |                                     |                            |                   |
|                          | •  |              |                                     |                            |                   |
|                          | Full Name (Last, First, Middle Initial)  |              |                                     | 1                          |                   |
| Α.                       | Mr Joseph B Smith  |              |                                     | Date of Receipt            |                   |
|                          | Mailing Address 201 East University Pa   | rkway        |                                     | 12 29                      | 2006              |
|                          | City   | State        | Zip Code                            | Transaction ID: 13         |                   |
|                          | Baltimore  | MD           | 21218-2895                          | Amount of Each Re          |                   |
|                          | FEC ID number of contributing  | - 1          |                                     | 7 5.1 2 1                  | <del></del>       |
|                          | federal political committee.   | C            |                                     |                            | 250.00            |
|                          | N (5 )   | 10           |                                     |                            |                   |
|                          | Name of Employer<br>Union Memorial Hospital  | Occupation   | n<br>sident Finance                 |                            |                   |
|                          | Receipt For:   |              | Year-to-Date <b>V</b>               | _                          |                   |
|                          | Primary General  | Aggregate    | FIEAI-IO-DAIC V                     | 1                          |                   |
|                          | Other (specify)  |              | 250.00                              |                            |                   |
|                          |  |              |                                     |                            |                   |
|                          | Full Name (Last, First, Middle Initial)  |              |                                     |                            |                   |
| В.                       | Mr. Harrison J Rider   |              |                                     | Date of Receipt            |                   |
|                          | Mailing Address 201 East University Pa   | 12 29        | 2006                                |                            |                   |
|                          | City State Zip Code  |              |                                     |                            |                   |
|                          | Baltimore  | MD           | 21218-2829                          | Transaction ID: 13         |                   |
|                          |  | IVID         | 21210-2029                          | Amount of Each Re          | celpt this Period |
|                          | FEC ID number of contributing federal political committee.                                     | C            |                                     |                            | 500.00            |
|                          |  |              |                                     |                            |                   |
|                          | Name of Employer<br>Union Memorial Hospital  | Occupation   |                                     |                            |                   |
|                          | ·  | President    |                                     | _                          |                   |
|                          | Receipt For: Primary General   | Aggregate    | e Year-to-Date ▼                    | ,                          |                   |
|                          | Other (specify)  | ' '          | 500.00                              |                            |                   |
|                          | cure (epseury) •   | 0 0          | 1 1 1 1 1 1 1                       | 1                          |                   |
| _                        | Full Name (Last, First, Middle Initial)  |              |                                     |                            |                   |
| C.                       | Dr Stuart Bell, , M.D.   |              |                                     | Date of Receipt            |                   |
|                          | Mailing Address 201 East University Pa   | rkway        |                                     | 12 29                      | 2006              |
|                          | City   | State        | Zip Code                            | Transaction ID: 13         |                   |
|                          | Baltimore  | MD           | 21218-2891                          | Amount of Each Re          |                   |
|                          |  |              | 21210 2031                          | Amount of Lacif Re         | Jeipt this Feriod |
|                          | FEC ID number of contributing federal political committee.                                     | C            |                                     |                            | 250.00            |
|                          |  |              |                                     |                            |                   |
|                          | Name of Employer<br>Union Memorial Hospital  | Occupation   |                                     |                            |                   |
|                          | ·  |              | sident Medical Affairs              | _                          |                   |
|                          | Receipt For: Primary General   | Aggregate    | e Year-to-Date ▼                    | ,                          |                   |
|                          | Other (specify)  |              | 250.00                              |                            |                   |
|                          | canor (opeomy) \   | 0 0          | 1 1 1 1 1 1 1                       | 1                          |                   |
|                          |  |              |                                     |                            |                   |
| s                        | UBTOTAL of Receipts This Page (optional)   |              |                                     |                            | 1000.00           |
|                          | . 5 ,  |              |                                     | -                          |                   |
| T                        | OTAL This Period (last page this line number of  | only)        | <b>)</b>                            |                            |                   |

| SCHEDULE A (FEC Form 3X) |  |              | Use separate schedule(s)            | FOR LINE NUMBER:                      | PAGE 119 / 228    |
|--------------------------|--|--------------|-------------------------------------|---------------------------------------|-------------------|
| ITEMIZED RECEIPTS        |  |              | or each category of the             | (check only one)                      | . —               |
| ••                       | LIMIZED RECEIL TO  |              | Detailed Summary Page               | X 11a 11b                             | 11c   12          |
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| or                       | y information copied from such Reports and St<br>for commercial purposes, other than using the | name and add | dress of any political committee to | solicit contributions from            | such committee.   |
|                          | NAME OF COMMITTEE (In Full)  |              |                                     |                                       |                   |
| $  \rangle$              | American Hospital Association PAC  |              |                                     |                                       |                   |
|                          |  |              |                                     |                                       |                   |
|                          | Full Name (Last, First, Middle Initial)  |              |                                     |                                       |                   |
| Α.                       | Ms. Vanessa A. Diflumeri   |              |                                     | Date of Receipt                       |                   |
|                          | Mailing Address 201 East University Pa   | rkway        |                                     | 12 29                                 | 2006              |
|                          | City   | State        | Zip Code                            | Transaction ID: 13                    |                   |
|                          | Baltimore  | MD           | 21218-2829                          | Amount of Each Re                     |                   |
|                          | FEC ID number of contributing  |              |                                     | 7 Amount of Edon Ho                   | <del></del>       |
|                          | federal political committee.   | C            |                                     |                                       | 250.00            |
|                          | ·  |              |                                     |                                       |                   |
|                          | Name of Employer<br>Union Memorial Hospital  | Occupation   |                                     |                                       |                   |
|                          | Receipt For:   | Vice Pres    |                                     | _                                     |                   |
|                          | Primary General  | Aggregate    | e Year-to-Date ▼                    | 1                                     |                   |
|                          | Other (specify)  |              | 250.00                              |                                       |                   |
|                          |  |              |                                     | 1                                     |                   |
|                          | Full Name (Last, First, Middle Initial)  |              |                                     |                                       |                   |
| В.                       |  |              |                                     | Date of Receipt                       |                   |
|                          | Mailing Address 8392 Sweet Cherry Lar  | 12 29        | 2006                                |                                       |                   |
|                          | City Cada  |              |                                     |                                       |                   |
|                          | City   | State<br>MD  | Zip Code                            | Transaction ID: 13                    |                   |
|                          | Laurel   | IVID         | 20723-1062                          | Amount of Each Re                     | celpt this Period |
|                          | FEC ID number of contributing federal political committee.                                     | C            |                                     |                                       | 600.00            |
|                          |  |              |                                     |                                       |                   |
|                          | Name of Employer<br>Maryland Hospital Associa-   | Occupation   |                                     |                                       |                   |
|                          | tion   |              | President, Research                 |                                       |                   |
|                          | Receipt For:  Primary  General   | Aggregate    | e Year-to-Date ▼                    | ,                                     |                   |
|                          | Other (specify)  |              | 600.00                              |                                       |                   |
|                          | Cure (openily) \   | 0 0          | 1 1 1 1 1 1 1                       | 1                                     |                   |
| _                        | Full Name (Last, First, Middle Initial)  |              |                                     |                                       |                   |
| C.                       | Ms. Michele K. Matton  |              |                                     | Date of Receipt                       |                   |
|                          | Mailing Address 1132 Nichols Ct.   |              |                                     | 12 29                                 | 2006              |
|                          | City   | State        | Zip Code                            |                                       |                   |
|                          | Millersville   | MD           | 21108-2152                          | Transaction ID: 13  Amount of Each Re |                   |
|                          |  | IVID         | 21100-2132                          | Amount of Each Ne                     | selpt this Period |
|                          | FEC ID number of contributing federal political committee.                                     | C            |                                     |                                       | 250.00            |
|                          |  |              |                                     |                                       |                   |
|                          | Name of Employer<br>MedStar Health   | Occupation   |                                     |                                       |                   |
|                          |  | Administ     |                                     |                                       |                   |
|                          | Receipt For: Primary General   | Aggregate    | e Year-to-Date ▼                    | ,                                     |                   |
|                          | Other (specify)  |              | 250.00                              |                                       |                   |
|                          | Carlor (oposity) 🔻   | 0 0          | 0 0 0 0 0 0 0                       |                                       |                   |
|                          |  | I            |                                     |                                       |                   |
| s                        | UBTOTAL of Receipts This Page (optional)   |              | <b>.</b>                            |                                       | 1100.00           |
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| SCHEDULE A (FEC Form 3X)  Use separate schedule(s) |  |                              |   | FOR LINE NUMBER:   | PAGE 120 / 228                      |
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| ITEMIZED RECEIPTS                                  |  |                              | or each category of the   | (check only one)   | . —                                 |
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| or   | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements may<br>name and ado | not be sold or used by any persol<br>dress of any political committee to: | n for the purpose of solicit<br>solicit contributions from s | ng contributions<br>such committee. |
|  | NAME OF COMMITTEE (In Full)  |                              | ,                                   |  |                                     |
| $  \rangle$  | American Hospital Association PAC  |                              |   |  |                                     |
|  | 7 in critain i loopitai 7 looddiation i 7 lo   |                              |   |  |                                     |
| _  | Full Name (Last, First, Middle Initial)  |                              |   |  |                                     |
| A.   | Mr. Lawrence M Beck  |                              |   | Date of Receipt  |                                     |
|  | Mailing Address 5601 Loch Raven Bould  | evard                        |   | 12 29  | 2006                                |
|  | City   | State                        | Zip Code  | Transaction ID: 13   |                                     |
|  | Baltimore  | MD                           | 21239-2995  | Amount of Each Red   |                                     |
|  |  |                              | E1200 2000  | Amount of Lacri Net  | elpt triis r eriou                  |
|  | FEC ID number of contributing federal political committee.                                     | C                            |   |  | 250.00                              |
|  |  |                              |   |  |                                     |
|  | Name of Employer<br>Good Samaritan Hospital  | Occupation                   |   |  |                                     |
|  | of Maryland  | President                    |   | 4  |                                     |
|  | Receipt For: Primary General   | Aggregate                    | Year-to-Date ▼  |  |                                     |
|  | Other (specify)  |                              | 375.00  |  |                                     |
|  | Carlor (oposity) 🔻   |                              | 1 1 1 1 1 1 1 1   |  |                                     |
|  | Full Name (Last, First, Middle Initial)  |                              |   |  |                                     |
| В.   |  |                              |   | Date of Receipt  |                                     |
|  | Mailing Address 500 Interstate Boulevar  | rd South                     |   | M M / D D  | / Y Y Y Y Y                         |
|  | 0'1  |                              |   | 12 29  | 2006                                |
|  | City   | State                        | Zip Code  | Transaction ID: 13   |                                     |
|  | Nashville  | TN                           | 37210-4634  | Amount of Each Rec   | eipt this Period                    |
|  | FEC ID number of contributing federal political committee.                                     | C                            |   |  | 250.00                              |
|  | Tederal political committee.   |                              |   |  |                                     |
|  | Name of Employer<br>Tennessee Hospital Associ-   | Occupation                   |   |  |                                     |
|  | ation  |                              | President, Government Affair  | S  |                                     |
|  | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |  |                                     |
|  | Primary General  |                              | 250.00  |  |                                     |
|  | Other (specify)  |                              |   |  |                                     |
|  | Full Name (Last, First, Middle Initial)  |                              |   |  |                                     |
| C.   | Mr. James L Brexler  |                              |   | Date of Receipt  |                                     |
|  | Mailing Address 975 East Third Street  |                              |   | M M / D D  | / Y Y Y Y                           |
|  |  |                              |   | 12 29  | 2006                                |
|  | City   | State                        | Zip Code  | Transaction ID: 13   |                                     |
|  | Chattanooga  | TN                           | 37403-2163  | Amount of Each Rec   | eipt this Period                    |
|  | FEC ID number of contributing federal political committee.                                     | C                            |   |  | 1000.00                             |
|  | rederai politicai committee.   |                              |   |  |                                     |
|  | Name of Employer<br>Erlanger Medical Center  | Occupation                   | า   |  |                                     |
|  | Enanger Medical Center   | President                    | t and Chief Executive Officer   |  |                                     |
|  | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |  |                                     |
|  | Primary General  |                              | 1000.00   |  |                                     |
|  | Other (specify)  |                              |   |  |                                     |
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| •  | UBTOTAL of Receipts This Page (optional)   |                              |   |  | 1500.00                             |
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|                      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                            | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 121 / 228 (check only one)  X 11a 11b 11c 12  13 14 15 16 17       |
|----------------------|---|----------------------------|--|--|
| An<br>or             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the na  | tements may<br>ame and add | y not be sold or used by any persodress of any political committee to        | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |                            |  |  |
| Α.                   | Full Name (Last, First, Middle Initial) Ms. Jeannine Briley Mailing Address 500 Interstate Blvd. Sour City Nashville FEC ID number of contributing federal political committee. | State TN C                 | Zip Code<br>37210-4634   | Date of Receipt    M M M   |
|                      | Name of Employer Tennessee Hospital Association Receipt For: Primary General Other (specify)  | Vice Pres                  | sident, Education Services e Year-to-Date ▼ 250.00                           |  |
| 3.                   | Full Name (Last, First, Middle Initial) Mr. Chris Clarke Mailing Address 500 Interestate Blvd. South  |                            |  | Date of Receipt  1 2 2 9 2 0 0 6   |
|                      | City<br>Nashville   | State<br>TN                | Zip Code   | Transaction ID: 13558988   |
|                      | FEC ID number of contributing federal political committee.  | C                          | 37210-4634   | Amount of Each Receipt this Period  500.00   |
|                      | Name of Employer Tennessee Hospital Association Receipt For:  ☐ Primary ☐ General  Other (specify) ▼  |                            | n<br>ice President, Clinical and P<br>e Year-to-Date ▼<br>500.00             |  |
|                      | Full Name (Last, First, Middle Initial) Mr. James Byrd  |                            |  | Date of Receipt  |
| •                    | Mailing Address 500 Interestate Blvd. Sol   | uth                        |  | 1 2 2 9 2 0 0 6  |
|                      | City  | State                      | Zip Code   | Transaction ID: 13558989   |
|                      | Nashville  FEC ID number of contributing federal political committee.   | C                          | 37210-4634   | Amount of Each Receipt this Period  250.00   |
|                      | Name of Employer<br>Bradley Memorial Hospital   | Occupation<br>Senior Vi    | n<br>ice President   |  |
|                      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                  | e Year-to-Date ▼<br>250.00   |  |
| s                    | UBTOTAL of Receipts This Page (optional)  |                            |  | 1000.00  |
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| S           | CHEDULE A (FEC Form 3X)  |                              | Use separate schedule(s)  | FOR LINE NUMBER:                           | PAGE 122 / 228                     |
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|             | ITEMIZED RECEIPTS  |                              | or each category of the   | (check only one)                           |                                    |
| •••         | LIMIZED RECEIF 13  |                              | Detailed Summary Page   | X 11a 11b                                  | 11c   12                           |
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| or          | y information copied from such Reports and St<br>for commercial purposes, other than using the   | atements may<br>name and add | / not be sold or used by any perso<br>dress of any political committee to | on for the purpose of solicing solicities. | ting contributions such committee. |
|             | NAME OF COMMITTEE (In Full)  |                              | ,                                   |  |                                    |
| $  \rangle$ | American Hospital Association PAC  |                              |   |  |                                    |
|             | 7 interiodir i roopital 7 loopital                               |   |  |                                    |
| _           | Full Name (Last, First, Middle Initial)  |                              |   |  |                                    |
| Α.          | Ms. Donna Dickens  |                              |   | Date of Receipt                            |                                    |
|             | Mailing Address 500 Interstate Boulevar  | d South                      |   | 12 29                                      | 2006                               |
|             | City   | State                        | Zip Code  | Transaction ID: 13                         |                                    |
|             | Nashville  | TN                           | 37210-4634  | Amount of Each Re                          |                                    |
|             |  |                              | 07210 4004  | Amount of Laciffie                         | · · · · · ·                        |
|             | FEC ID number of contributing federal political committee.   | C                            |   |  | 500.00                             |
|             |  |                              |   |  |                                    |
|             | Name of Employer<br>Tennessee Hospital Associ-   | Occupation                   |   |  |                                    |
|             | ation  |                              | sident, Accounting  | _  |                                    |
|             | Receipt For: Primary General   | Aggregate                    | e Year-to-Date ▼  | ,  |                                    |
|             | Other (specify)  |                              | 500.00  |  |                                    |
|             |  | 0 0                          | 1 1 1 1 1 1 1 1   | 1  |                                    |
| _           | Full Name (Last, First, Middle Initial)  |                              |   |  |                                    |
| В.          | Mr. Michael A. Dietrich  |                              |   | Date of Receipt                            |                                    |
|             | Mailing Address 500 Interstate Boulevar  | d South                      |   | M M / D D                                  | / Y Y Y Y Y                        |
|             | Cit.   | 01-1-                        | 7in Ondo  | 12 29                                      | 2006                               |
|             | City   | State                        | Zip Code  | Transaction ID: 13                         |                                    |
|             | Nashville  | TN                           | 37210-4634  | Amount of Each Re                          | ceipt this Period                  |
|             | FEC ID number of contributing federal political committee.   |                              |   |  | 250.00                             |
|             |  |                              |   |  |                                    |
|             | Name of Employer<br>Tennessee Hospital Associ-   | Occupation                   |   |  |                                    |
|             | ation  |                              | Vice President  |  |                                    |
|             | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |  |                                    |
|             | Primary General Other (specify)  | ' '                          | 250.00  |  |                                    |
|             | Other (specify)  | 1                            |   | J.   |                                    |
| _           | Full Name (Last, First, Middle Initial)  |                              |   |  |                                    |
| C.          | Mr. James L. Goodloe   |                              |   | Date of Receipt                            |                                    |
|             | Mailing Address 500 Interstate Blvd. So  | uth                          |   | M M / D D                                  |                                    |
|             | Cit.   | C+-+-                        | 7:- Oada  | 12 29                                      | 2006                               |
|             | City<br>Nashville  | State<br>TN                  | Zip Code  | Transaction ID: 13                         |                                    |
|             |  | IIN                          | 37210-4634  | Amount of Each Re                          | ceipt this Period                  |
|             | FEC ID number of contributing federal political committee.   | C                            |   |  | 1000.00                            |
|             |  |                              |   |  |                                    |
|             | Name of Employer<br>Tennessee Hospital Associ-   | Occupation                   |   |  |                                    |
|             | ation  |                              | ce President  |  |                                    |
|             |  |                              | e Year-to-Date ▼  |  |                                    |
|             | Primary General Other (specify)  |                              | 1000.00   |  |                                    |
|             | Carior (opcomy) 🔻  | 1 1 1 1 1 1 1                |   |  |                                    |
|             |  |                              |   |  |                                    |
| s           | UBTOTAL of Receipts This Page (optional)   |                              |   |  | 1750.00                            |
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| COUEDINE A /EEC Form 2V) |  |                          |                                     | FOR LINE NUMBER: PAGE 123 / 228            |
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| SCHEDULE A (FEC Form 3X) |  | Use separate schedule(s) |                                     | (check only one)                           |
| ITEMIZED RECEIPTS        |  | or each category of the  |                                     | X 11a  11b  11c  12                        |
|                          |  |                          | Detailed Summary Page               | 13 14 15 16 17                             |
| Ar                       | y information copied from such Reports and Sta                 | atements may             | v not be sold or used by any perso  |  |
| or                       | for commercial purposes, other than using the r                | name and add             | dress of any political committee to | solicit contributions from such committee. |
| abla                     | NAME OF COMMITTEE (In Full)                                    |                          |                                     |  |
| $\rangle$                | American Hospital Association PAC                              |                          |                                     |  |
| Α.                       | Full Name (Last, First, Middle Initial)<br>Mr. Michael Huggins |                          |                                     | Date of Receipt                            |
|                          | Mailing Address 500 Interstate Boulevard                       | d South                  |                                     | 12 29 2006                                 |
|                          | City   | State                    | Zip Code                            | Transaction ID: 13558998                   |
|                          | Nashville  | TN                       | 37210-4634                          | Amount of Each Receipt this Period         |
|                          | FEC ID number of contributing federal political committee.     | C                        |                                     | 1000.00                                    |
|                          | Name of Employer<br>Tennessee Hospital Associ-<br>ation        |                          | e Vice President & COO              |  |
|                          | Receipt For: Primary General Other (specify)                   | Aggregate                | e Year-to-Date ▼<br>1000.00         |  |
| —<br>В.                  | Full Name (Last, First, Middle Initial) Mr. Bill Jolley        |                          |                                     | Date of Receipt                            |
|                          | Mailing Address 500 Interstate Blvd., So                       | 12 29 2006               |                                     |  |
|                          | City   | State                    | Zip Code                            | Transaction ID: 13558999                   |
|                          | Nashville  | TN                       | 37210-4634                          | Amount of Each Receipt this Period         |
|                          | FEC ID number of contributing federal political committee.     | C                        |                                     | 500.00                                     |
|                          | Name of Employer<br>Tennessee Hospital Associ-<br>ation        | Occupation<br>Assistant  | n<br>t Vice President               |  |
|                          | Receipt For:   | Aggregate                | e Year-to-Date ▼                    |  |
|                          | Primary General Other (specify) ▼                              | 0 0                      | 500.00                              |  |
| <u> </u>                 | Full Name (Last, First, Middle Initial) Ms. Michelle Long      |                          |                                     | Date of Receipt                            |
|                          | Mailing Address 500 Interestate Blvd. So                       | outh                     |                                     | 12 29 2006                                 |
|                          | City   | State                    | Zip Code                            | Transaction ID: 13559002                   |
|                          | Nashville  | TN                       | 37210-4634                          | Amount of Each Receipt this Period         |
|                          | FEC ID number of contributing federal political committee.     |                          |                                     | 250.00                                     |
|                          | Name of Employer<br>Tennessee Hospital Associ-<br>ation        | Occupation SVP and       | n<br>General Counsel                |  |
|                          | Receipt For:   | Aggregate                | e Year-to-Date ▼                    |  |
|                          | Primary General Other (specify) ▼                              |                          | 250.00                              |  |
| s                        | UBTOTAL of Receipts This Page (optional)                       |                          |                                     | 1750.00                                    |
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| S    | CHEDULE A (FEC Form 3X)   |                      | Use separate schedule(s)            | FOR LINE NUME         | BER: PAGE 124/228      |
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|      | EMIZED RECEIPTS   |                      | or each category of the             | (check only one)      | u. 🗆 44. 🗖 46          |
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| An   | y information copied from such Reports and Sta  | tements may          | not be sold or used by any perso    |                       |                        |
| or   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | ame and add          | dress of any political committee to | solicit contributions | from such committee.   |
|      | NAME OF COMMITTEE (In Full)   |                      |                                     |                       |                        |
| /    | American Hospital Association PAC   |                      |                                     |                       |                        |
| ۹.   | Full Name (Last, First, Middle Initial)<br>Mr. David H. McClure                                   |                      |                                     | Date of Recei         | pt                     |
|      | Mailing Address 500 Interstate Boulevard  | South                |                                     | 12                    | 29 2006                |
|      | City  | State                | Zip Code                            | Transaction II        |                        |
|      | Nashville   | TN                   | 37210-4634                          | Amount of Ea          | ch Receipt this Period |
|      | FEC ID number of contributing federal political committee.  | C                    |                                     |                       | 250.00                 |
|      | Name of Employer<br>Tennessee Hospital Associ-  | Occupation Vice Pres | n<br>sident, Finance                |                       |                        |
|      | ation Receipt For:  |                      | e Year-to-Date ▼                    | 1                     |                        |
|      | Primary General   |                      |                                     | 1                     |                        |
|      | Other (specify)   |                      | 250.00                              |                       |                        |
| 3.   | Full Name (Last, First, Middle Initial)<br>Mr. Kem Mullins  |                      |                                     | Date of Recei         | pt                     |
|      | Mailing Address 2986 Kate Bond Road   |                      |                                     | 12                    | 29 / 2006              |
|      | City  | State                | Zip Code                            | Transaction II        | <b>D</b> : 13559006    |
|      | Bartlett  | TN                   | 38133-4003                          | Amount of Ea          | ch Receipt this Period |
|      | FEC ID number of contributing federal political committee.  | C                    |                                     |                       | 250.00                 |
|      | Name of Employer<br>Saint Francis Hospital-Ba-  | Occupation           |                                     |                       |                        |
|      | rtlett  | 1                    | ecutive Officer                     | _                     |                        |
|      | Receipt For: Primary General  | Aggregate            | e Year-to-Date ▼                    | .1                    |                        |
|      | Other (specify)   |                      | 250.00                              |                       |                        |
|      | Full Name (Last, First, Middle Initial)   |                      |                                     | _                     |                        |
| j.   | Mr. Paul R Bengtson   |                      |                                     | Date of Receip        | ·                      |
|      | Mailing Address P O Box 905   |                      |                                     | 12                    | 29 2006                |
|      | City  | State                | Zip Code                            | Transaction II        |                        |
|      | Saint Johnsbury   | VT                   | 05819-9962                          | Amount of Ea          | ch Receipt this Period |
|      | FEC ID number of contributing federal political committee.  | C                    |                                     |                       | 250.00                 |
|      | Name of Employer<br>Northeastern Vermont Regi-  | Occupation           |                                     |                       |                        |
|      | onal Hospital   |                      | ecutive Officer                     | _                     |                        |
|      | Receipt For: Primary General  | Aggregate            | e Year-to-Date ▼                    | . [                   |                        |
|      | Other (specify)   |                      | 250.00                              |                       |                        |
|      |   |                      | 0 0 0 0 0 0 0                       |                       |                        |
| s    | UBTOTAL of Receipts This Page (optional)  |                      |                                     |                       | 750.00                 |
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| S               | CHEDULE A (FEC Form 3X)  |                              | Llac concrete cobodulo(a)   | FOR LINE NUMBER:                         | PAGE 125 / 228    |
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|                 | EMIZED RECEIPTS  |                              | Use separate schedule(s)<br>or each category of the                     | (check only one)                         | . –               |
|                 | EIWIZED RECEIPTS   |                              | Detailed Summary Page   | X 11a 11b                                | 11c   12          |
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| or              | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may<br>name and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of solicitions from s | uch committee.    |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |                              |   |  |                   |
| /               | American Hospital Association PAC  |                              |   |  |                   |
| ۹.              | Full Name (Last, First, Middle Initial) Mr. Barry G Beeman   |                              |   | Date of Receipt                          |                   |
|                 | Mailing Address 17 Belmont Avenue  |                              |   | 12 29                                    | 2006              |
|                 | City   | State                        | Zip Code  | Transaction ID: 135                      |                   |
|                 | Brattleboro  | VT                           | 05301-6613  | Amount of Each Rec                       | ceipt this Period |
|                 | FEC ID number of contributing federal political committee.   | C                            |   |  | 250.00            |
|                 | Name of Employer<br>Brattleboro Memorial Hosp-<br>ital   | Occupation                   | n<br>t and Chief Executive Office                                       | ,  |                   |
|                 | Receipt For:   |                              | Year-to-Date ▼  |  |                   |
|                 | Primary General  |                              | 250.00  | 1  |                   |
|                 | Other (specify) ▼  | 0 0                          | 250.00  |  |                   |
| 3.              | Full Name (Last, First, Middle Initial)<br>Ms. Marie Beatrice Grause, RN, JD                       |                              |   | Date of Receipt                          |                   |
|                 | Mailing Address 1580 North Street  | 12 / 29                      | 2006  |  |                   |
|                 | City   | State                        | Zip Code  | Transaction ID: 13                       | 559017            |
|                 | Montpelier   | VT                           | 05602-2997  | Amount of Each Rec                       | ceipt this Period |
|                 | FEC ID number of contributing federal political committee.   | С                            |   |  | 500.00            |
|                 | Name of Employer<br>Vermont Association of Ho-   | Occupation                   |   |  |                   |
|                 | spitals & Hea  | President                    |   |  |                   |
|                 | Receipt For:  Primary General  | Aggregate                    | Year-to-Date ▼  |  |                   |
|                 | Other (specify)  |                              | 500.00  |  |                   |
| <br>C.          | Full Name (Last, First, Middle Initial) Mr. Joseph L Woodin  |                              |   | Date of Receipt                          |                   |
|                 | Mailing Address P O Box 2000   |                              |   | 12 29                                    | 2006              |
|                 | City   | State                        | Zip Code  | Transaction ID: 135                      | 559018            |
|                 | Randolph   | VT                           | 05060-2000  | Amount of Each Rec                       |                   |
|                 | FEC ID number of contributing federal political committee.   | C                            |   |  | 250.00            |
|                 | Name of Employer<br>Gifford Medical Center   | Occupation<br>President      | n<br>t and Chief Executive Office                                       | r  |                   |
|                 | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |  |                   |
|                 | Primary General  |                              | 250.00  | 1  |                   |
|                 | Other (specify)  |                              | 230.00  |  |                   |
| s               | UBTOTAL of Receipts This Page (optional)   |                              |   |  | 1000.00           |
| T.              | OTAL This Period (last page this line number o   | nlv)                         |   |  |                   |
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| S           | CHEDULE A (FEC Form 3X)  |                         | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 126 / 228                              |               |
|-------------|--|-------------------------|-------------------------------------|--|---------------|
|             | EMIZED RECEIPTS  |                         | or each category of the             | (check only one)   |               |
| -           |  |                         | Detailed Summary Page               | X 11a 11b 11c 12<br>13 14 15 16 5                            | 7 17          |
| An          | y information copied from such Reports and Sta                 | atements may            | not be sold or used by any perso    | on for the purpose of soliciting contributions               |               |
| or          | for commercial purposes, other than using the r                | name and add            | dress of any political committee to | solicit contributions from such committee.                   |               |
| $\setminus$ | NAME OF COMMITTEE (In Full)                                    |                         |                                     |  |               |
| /           | American Hospital Association PAC                              |                         |                                     |  |               |
|             | Full Name (Last, First, Middle Initial)                        |                         |                                     | Data of Descript   |               |
| ٩.          | Mr. Timothy L Charles  Mailing Address 701 Tenth Street SE     |                         |                                     | Date of Receipt  |               |
|             | To renti Street SE   |                         |                                     | 12 29 2006   |               |
|             | City   | State                   | Zip Code                            | Transaction ID: 13559118                                     |               |
|             | Cedar Rapids   | <u>IA</u>               | 52403-1251                          | Amount of Each Receipt this Period                           |               |
|             | FEC ID number of contributing federal political committee.     | C                       |                                     | 375.00   |               |
|             | Name of Employer<br>Mercy Medical Center                       | Occupation<br>President | n<br>t and Chief Executive Office   |  |               |
|             | Receipt For:   |                         | Year-to-Date ▼                      |  |               |
|             | Primary General  |                         | 500.00                              |  |               |
|             | Other (specify)  |                         | 300.00                              |  |               |
| 3.          | Full Name (Last, First, Middle Initial) Ms. Vicki L. Briggs    |                         |                                     | Date of Receipt  |               |
|             | Mailing Address 196 Highland View Dr                           | M M / D D / Y Y Y       |                                     |  |               |
|             | City   | 12 07 2006              |                                     |  |               |
|             | City<br>Birmingham   | State<br>AL             | Zip Code<br>35242-6847              | Transaction ID: 13559166  Amount of Each Receipt this Period |               |
|             | FEC ID number of contributing                                  |                         | 33242-0047                          |  |               |
|             | federal political committee.                                   | C                       |                                     | 1000.00  |               |
|             | Name of Employer<br>Trinity Medical Center                     | Occupation              |                                     |  |               |
|             | Receipt For:   | 1                       | ecutive Officer<br>• Year-to-Date ▼ | _  |               |
|             | Primary General  | riggrogate              |                                     | 1  |               |
|             | Other (specify) ▼  |                         | 1000.00                             |  |               |
| <br>).      | Full Name (Last, First, Middle Initial) Mr. William H Anderson |                         |                                     | Date of Receipt  |               |
|             | Mailing Address P O Box 610                                    |                         |                                     | M M / D D / Y Y Y Y  |               |
|             | 0"   |                         | 7: 0 1                              | 12 07 2006   |               |
|             | City<br>Sheffield  | State<br>AL             | Zip Code<br>35660-0610              | Transaction ID: 13559218                                     |               |
|             | FEC ID number of contributing                                  |                         | 33000-0010                          | Amount of Each Receipt this Period                           |               |
|             | federal political committee.                                   | C                       |                                     | 1000.00  |               |
|             | Name of Employer<br>Helen Keller Hospital                      | Occupation<br>President |                                     |  |               |
|             | Receipt For:   | Aggregate               | e Year-to-Date ▼                    |  |               |
|             | Primary General  | '''                     | 1000.00                             |  |               |
|             | Other (specify) ▼  | -                       |                                     | 1  |               |
| S           | UBTOTAL of Receipts This Page (optional)                       |                         |                                     | 2375.00  |               |
| _           |  |                         |                                     |  | $\overline{}$ |
| T           | OTAL This Period (last page this line number o                 | nly)                    | <b>)</b>                            |  |               |

| S             | CHEDULE A (FEC Form 3X)   |  | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 127 / 228   |   |
|---------------|---|--|---|---|---|
|               | EMIZED RECEIPTS   |  | or each category of the   | (check only one)  |   |
|               | EMIZED RECEIPTS   |  | Detailed Summary Page   | X 11a 11b 11c 12  |   |
| ^ -           | information and formation Boards and Ob   | -1   |   |   | 7 |
| An<br>or      | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may<br>name and add                             | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |   |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |  |   |   | _ |
| $\rangle$     | American Hospital Association PAC   |  |   |   |   |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Ms. Heidi L. Gartland                                  |  |   | Date of Receipt   |   |
|               | Mailing Address 5958 Heather Lane   |  |   | 12 29 2006  |   |
|               | City  | State  | Zip Code  | Transaction ID: 13559219  |   |
|               | Hudson  | OH   | 44236-4325  | Amount of Each Receipt this Period  |   |
|               | FEC ID number of contributing federal political committee.  | C  |   | 500.00  |   |
|               | Name of Employer<br>University Hospitals of<br>Cleveland  | Occupation Vice Pres                                     | n<br>sident, Government Affairs   |   |   |
|               | Receipt For:  | Aggregate  | e Year-to-Date ▼  |   |   |
|               | Primary General   | 1 1  | 500.00  | 1   |   |
|               | Other (specify)   | 0 0  | 500.00  |   |   |
| 3.            | Full Name (Last, First, Middle Initial)<br>Ms. Laura Miller                                       |  |   | Date of Receipt   |   |
|               | Mailing Address 1616 Whispering Pines   | 12 29 2006   |   |   |   |
|               | City  | State Zip Code   |   |   |   |
|               | Bellefontaine   | OH   | 43311-9240  | Amount of Each Receipt this Period  |   |
|               | FEC ID number of contributing federal political committee.  | С  |   | 125.00  |   |
|               | Name of Employer<br>Mary Rutan Hospital   | Occupation<br>Assistant                                  | n<br>t VP, Marketing  |   |   |
|               | Receipt For:  |  | e Year-to-Date ▼  |   |   |
|               | Primary General   |  |   | 1   |   |
|               | Other (specify)   |  | 250.00  |   |   |
| Э.            | Full Name (Last, First, Middle Initial)<br>Ms. Lynn R. Olman                                      |  |   | Date of Receipt   |   |
|               | Mailing Address 1348 Custer Avenue  |  |   | 12 29 2006  |   |
|               | City  | State  | Zip Code  | Transaction ID: 13559226  |   |
|               | Cincinnati  | OH   | 45208-2525  | Amount of Each Receipt this Period  |   |
|               | FEC ID number of contributing federal political committee.  | C  |   | 125.00  |   |
|               | Name of Employer<br>Greater Cincinnati Health   | Occupation   | n<br>t Emeritus   |   |   |
|               | Council Receipt For:  |  | e Year-to-Date ▼  | +   |   |
|               | Primary General   | 00 0   |   | 1   |   |
|               | Other (specify) ▼   |  | 250.00  |   |   |
| S             | UBTOTAL of Receipts This Page (optional)  |  |   | 750.00  |   |
| т,            | OTAL This Period (last page this line number o  | ınlv)  |   |   |   |
|               |   | · · · <del>y</del> / · · · · · · · · · · · · · · · · · · | ······································                                    |   |   |

| SCHEDULE A (FEC Form 3X)  |             | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 128 / 228            |
|---|-------------|-------------------------------------|--|
| TEMIZED RECEIPTS  |             | or each category of the             | (check only one)                           |
|   |             | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17    |
| Any information copied from such Reports and State                | ements may  | not be sold or used by any perso    |  |
| or for commercial purposes, other than using the na               | ame and add | lress of any political committee to | solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)                                       |             |                                     |  |
| American Hospital Association PAC                                 |             |                                     |  |
| Full Name (Last, First, Middle Initial)  Mr. Joan G. Swenson      |             |                                     | Date of Receipt                            |
| Mailing Address 3321 Beaumonde Lane                               |             |                                     | 12 29 2006                                 |
| City  | State       | Zip Code                            | Transaction ID: 13559227                   |
| Kettering   | OH          | 45409-1149                          | Amount of Each Receipt this Period         |
| FEC ID number of contributing federal political committee.        | C           |                                     | 125.00                                     |
| Name of Employer<br>Kettering Medical Center-                     | Occupation  | n<br>Human Resources                |  |
| Network Receipt For:  | ,           | Year-to-Date ▼                      | -  |
| Primary General   | 33 13       |                                     | 1  |
| Other (specify) ▼   | 0 0         | 250.00                              |  |
| Full Name (Last, First, Middle Initial)  3. Mr. Richard F Castrop |             |                                     | Date of Receipt                            |
| Mailing Address 55 Hospital Drive                                 |             |                                     | 12 29 2006                                 |
| City  | State       | Zip Code                            | Transaction ID: 13559228                   |
| Athens  | OH          | 45701-2302                          | Amount of Each Receipt this Period         |
| FEC ID number of contributing federal political committee.        | С           |                                     | 125.00                                     |
| Name of Employer<br>O'Bleness Memorial Hospit-                    | Occupation  |                                     | 7  |
| al  | President   |                                     |  |
| Receipt For: Primary General                                      | Aggregate   | Year-to-Date ▼                      |  |
| Other (specify)   |             | 250.00                              |  |
| Full Name (Last, First, Middle Initial)  C. Ms. Tamara Gump       |             |                                     | Date of Receipt                            |
| Mailing Address 201 East glen Drive                               |             |                                     | 12 29 2006                                 |
| City  | State       | Zip Code                            | Transaction ID: 13559229                   |
| Bellefontaine   | OH          | 43311-9106                          | Amount of Each Receipt this Period         |
| FEC ID number of contributing federal political committee.        | С           |                                     | 125.00                                     |
| Name of Employer<br>Mary Rutan Hospital                           | Occupation  | 1                                   | 7  |
| Criler =  |             | ecutive Officer                     |  |
| Receipt For:  | Aggregate   | Year-to-Date ▼                      | .  |
| Primary General Other (specify)                                   |             | 250.00                              |  |
| Cutor (specify) \   | 1 1         | 0 0 0 0 0 0 0                       |  |
| SUBTOTAL of Receipts This Page (optional)                         |             |                                     | 375.00                                     |
| TOTAL This Period (last page this line number on                  | lv)         |                                     |  |

|                      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                      | Use separate schedule(s) or each category of the                          | FOR LINE NUMBER: PAGE 129 / 228 (check only one)   |
|----------------------|---|----------------------|---|--|
|                      | LIMIZED RECEIF 13   |                      | Detailed Summary Page   | X   11a   11b   11c   12   15   16   17  |
| An<br>or             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may          | / not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                     |                      |   |  |
| ۷.                   | Full Name (Last, First, Middle Initial) Mr. Patrick J Martin                                      |                      |   | Date of Receipt  |
|                      | Mailing Address 272 Benedict Avenue   |                      |   | 12 29 2006   |
|                      | City<br>Norwalk   | State<br>OH          | Zip Code<br>44857-2374  | Transaction ID: 13559230  Amount of Each Receipt this Period                             |
|                      | FEC ID number of contributing federal political committee.  | C                    | 1.00.20.  | 125.00   |
|                      | Name of Employer<br>Fisher-Titus Medical Cent-<br>er  |                      | t and Chief Executive Officer   |  |
|                      | Receipt For: Primary General Other (specify)  | Aggregate            | e Year-to-Date ▼<br>250.00  |  |
| 3.                   | Full Name (Last, First, Middle Initial)<br>Mr William A Powel                                     |                      |   | Date of Receipt  |
|                      | Mailing Address 525 East Market Street  |                      |   | 12 29 7 2006   |
|                      | City<br>Akron   | State<br>OH          | Zip Code  | Transaction ID: 13559231   |
|                      | FEC ID number of contributing federal political committee.  | С                    | 44309-2090  | Amount of Each Receipt this Period  125.00   |
|                      | Name of Employer<br>Summa Health System   | Occupation Vice Pres | n<br>sident Legal Services  |  |
|                      | Receipt For: Primary General Other (specify)  | Aggregate            | e Year-to-Date ▼<br>250.00  |  |
| —<br>Э.              | Full Name (Last, First, Middle Initial) Mr. Dominic Prunte  |                      |   | Date of Receipt  |
|                      | Mailing Address 2814 Bryden Road  |                      |   | 1 2 2 9 2 0 0 6  |
|                      | City  | State                | Zip Code  | Transaction ID: 13559232   |
|                      | Columbus  FEC ID number of contributing federal political committee.                              | ОН                   | 43209-2248  | Amount of Each Receipt this Period  125.00   |
|                      | Name of Employer<br>Fairfield Medical Center  | Occupation Vice Pres | n<br>sident, Human Resources  |  |
|                      | Receipt For: Primary General Other (specify)  | Aggregate            | e Year-to-Date ▼<br>250.00  |  |
| SI                   | UBTOTAL of Receipts This Page (optional)  |                      |   | 375.00   |
| T                    | OTAL This Period (last page this line number or   | nly)                 |   |  |

| SCHEDULE A (FEC Form 3X)                                       |                      | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 130 / 228                      |
|--|----------------------|-------------------------------------|--|
| TEMIZED RECEIPTS   |                      | or each category of the             | (check only one)                                     |
| TEMELS REGEN 10  |                      | Detailed Summary Page               | X   11a   11b   11c   12<br>  13   14   15   16   17 |
| Any information copied from such Reports and St                | atements may         | v not be sold or used by any perso  |  |
| or for commercial purposes, other than using the               | name and add         | dress of any political committee to | solicit contributions from such committee.           |
| NAME OF COMMITTEE (In Full)                                    |                      |                                     |  |
| American Hospital Association PAC                              |                      |                                     |  |
| Full Name (Last, First, Middle Initial)  Mr. Ted Ripperger     |                      |                                     | Date of Receipt                                      |
| Mailing Address 3280 Showmaker Road                            | d                    |                                     | 12 29 7 2006   |
| City   | State                | Zip Code                            | Transaction ID: 13559233                             |
| <u>Lebanon</u>   | OH                   | 45036-9066                          | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.     | C                    |                                     | 125.00   |
| Name of Employer<br>Middletown Regional Hospi-                 | Occupation           | n<br>el Director                    |  |
| tal<br>Receipt For:  |                      | e Year-to-Date ▼                    | 7  |
| Primary General  |                      | 250.00                              | 1  |
| Other (specify) ▼  | 0 0                  | 250.00                              |  |
| Full Name (Last, First, Middle Initial)  Ms. Patricia A Ruflin |                      |                                     | Date of Receipt                                      |
| Mailing Address 7007 Powers Boulevard                          | 12 29 2006           |                                     |  |
| City   | State                | Zip Code                            | Transaction ID: 13559234                             |
| <u>Parma</u>   | OH                   | 44129-5437                          | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.     | C                    |                                     | 125.00   |
| Name of Employer<br>Parma Community General<br>Hospital        | Occupation Presiden  | n<br>t and Chief Executive Officer  |  |
| Receipt For:   | Aggregate            | e Year-to-Date ▼                    |  |
| Primary General  |                      | 250.00                              |  |
| Other (specify)  | 0 0                  | 230.00                              |  |
| Full Name (Last, First, Middle Initial)  Mr Howard Sniderman   |                      |                                     | Date of Receipt                                      |
| Mailing Address 401 North Ewing Street                         | t                    |                                     | 12 29 2006   |
| City   | State                | Zip Code                            | Transaction ID: 13559235                             |
| Lancaster  | OH                   | 43130-3372                          | Amount of Each Receipt this Period                   |
| FEC ID number of contributing federal political committee.     | C                    |                                     | 125.00   |
| Name of Employer<br>Fairfield Medical Center                   | Occupation Vice Pres | n<br>sident Professional and Supp   | por  |
| Receipt For:   | Aggregate            | e Year-to-Date ▼                    |  |
| Primary General  | 1                    | 250.00                              |  |
| Other (specify)  | 0 0                  |                                     |  |
| SUBTOTAL of Receipts This Page (optional)                      |                      |                                     | 375.00   |
| TOTAL This Period (last page this line number of               | only)                |                                     |  |

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| SCHEDULE A (FEC Form 3X) |  |                      | Llas concrete achadula(a)   | FOR LINE NUMBER: PAGE 131 / 228            |  |  |  |
|--------------------------|--|----------------------|---|--|--|--|--|
| ITEMIZED RECEIPTS        |  |                      | Use separate schedule(s) or each category of the                          | (check only one)                           |  |  |  |
|                          |  |                      | Detailed Summary Page   | X 11a 11b 11c 12                           |  |  |  |
|                          | information and formation Bounds and Obs   |                      |   | 13 14 15 16 17                             |  |  |  |
| or                       | y information copied from such Reports and Star<br>for commercial purposes, other than using the na- | ame and ad           | y not be sold or used by any persor dress of any political committee to s | solicit contributions from such committee. |  |  |  |
|                          | NAME OF COMMITTEE (In Full)  |                      |   |  |  |  |  |
| $\angle$                 | American Hospital Association PAC  |                      |   |  |  |  |  |
| A.                       | Full Name (Last, First, Middle Initial)<br>Mr. Joe Tal   |                      |   | Date of Receipt                            |  |  |  |
|                          | Mailing Address 9691 Stoney Creek Lane   | )                    |   | 12 29 2006                                 |  |  |  |
|                          | City   | State                | Zip Code  | Transaction ID: 13559236                   |  |  |  |
|                          | Cleveland  | OH                   | 44130-4768  | Amount of Each Receipt this Period         |  |  |  |
|                          | FEC ID number of contributing federal political committee.   | C                    |   | 125.00                                     |  |  |  |
|                          | Name of Employer<br>Parma Community General<br>Hospital  | Occupatio<br>Trustee | n   | 1  |  |  |  |
|                          | Receipt For:   | Aggregate            | e Year-to-Date ▼  |  |  |  |  |
|                          | Primary General  |                      | 250.00  |  |  |  |  |
|                          | Other (specify) ▼  |                      | 250.00  |  |  |  |  |
| В.                       | Full Name (Last, First, Middle Initial) Mr Eugene A Thorn  |                      |   | Date of Receipt                            |  |  |  |
|                          | Mailing Address 659 Boulevard  |                      |   | 12 29 2006                                 |  |  |  |
|                          | City   | State                | Zip Code  | Transaction ID: 13559237                   |  |  |  |
|                          | Dover  | ОН                   | 44622-2077  | Amount of Each Receipt this Period         |  |  |  |
|                          | FEC ID number of contributing  |                      |   | 125.00                                     |  |  |  |
|                          | federal political committee.   | C                    |   | 125.00                                     |  |  |  |
|                          | Name of Employer<br>Union Hospital   | Occupation Vice Pres | <sup>n</sup><br>sident Finance and Chief Fina                             | an   |  |  |  |
|                          | Receipt For:   | Aggregate            | e Year-to-Date ▼  |  |  |  |  |
|                          | Primary General  |                      | 250.00  |  |  |  |  |
|                          | Other (specify)  | 0 0                  | 230.00  |  |  |  |  |
| <u>с.</u>                | Full Name (Last, First, Middle Initial) Ms. Carol J. Turner  |                      |   | Date of Receipt                            |  |  |  |
|                          | Mailing Address 1329 Wispering Woods   | Lane                 |   | 12 29 7 2006                               |  |  |  |
|                          | City   | State                | Zip Code  | Transaction ID: 13559238                   |  |  |  |
|                          | Springboro   | OH                   | 45066-9618  | Amount of Each Receipt this Period         |  |  |  |
|                          | FEC ID number of contributing federal political committee.   | C                    |   | 125.00                                     |  |  |  |
|                          | Name of Employer<br>Middletown Regional Hospi-   | Occupatio            | n<br>e VP & Chief Operating Office  |  |  |  |  |
|                          | tal Receipt For:   |                      | e Year-to-Date  | <u></u>                                    |  |  |  |
|                          | Primary General  | 99. 0941             |   |  |  |  |  |
|                          | Other (specify) ▼  |                      | 250.00  |  |  |  |  |
|                          |  |                      |   | 375.00                                     |  |  |  |
| S                        | UBTOTAL of Receipts This Page (optional)   |                      | ·····   | 3/5.00                                     |  |  |  |

TOTAL This Period (last page this line number only) .....

| S           | CHEDULE A (FEC Form 3X)                                     |                    | Use separate schedule(s)                 | FOR LINE NUMBER: PAGE 132 / 228             |
|-------------|---|--------------------|--|---|
| ıт          | EMIZED RECEIPTS   |                    | or each category of the                  | (check only one)                            |
| •••         | LIVIIZED NEGET 13   |                    | Detailed Summary Page                    | X   11a   11b   11c   12   15   16   17     |
| Ar          | ny information copied from such Reports and Statemer        | nts may            | not be sold or used by any perso         |   |
| or          | for commercial purposes, other than using the name          | and add            | lress of any political committee to      | solicit contributions from such committee.  |
| $\setminus$ | NAME OF COMMITTEE (In Full)                                 |                    |  |   |
|             | American Hospital Association PAC                           |                    |  |   |
| _           | Full Name (Last, First, Middle Initial)                     |                    |  |   |
| Α.          | Ms. Cheryl Brooks  Mailing Address 737 North Barron Street  |                    |  | Date of Receipt                             |
|             | Mailing Address 737 North Barron Street                     |                    |  | 12 29 2006                                  |
|             | City Si   | tate               | Zip Code                                 | Transaction ID: 13559239                    |
|             | Kenton O  | )H                 | 43326-1409                               | Amount of Each Receipt this Period          |
|             | FEC ID number of contributing federal political committee.  |                    |  | 125.00                                      |
|             | Mary Putan Hośpital   | cupation           |  |   |
|             | AS  |                    | e President Managed Care  Year-to-Date ▼ | _   |
|             | Primary General   | gregate            | Teal-to-Date V                           |   |
|             | Other (specify) ▼   |                    | 250.00                                   |   |
| —<br>В.     | Full Name (Last, First, Middle Initial) Mr. Ron Carmin      |                    |  | Date of Receipt                             |
|             | Mailing Address 205 Palmer Avenue                           |                    |  | 1 2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|             | City  | tate               | Zip Code                                 | Transaction ID: 13559240                    |
|             | <u>Bellefontaine</u> O                                      | H                  | 43311-2281                               | Amount of Each Receipt this Period          |
|             | FEC ID number of contributing federal political committee.  |                    |  | 125.00                                      |
|             | Many Dutan Hoénital   | cupation           | sident Fiscal Affairs                    |   |
|             |   |                    | Year-to-Date ▼                           | -   |
|             | Primary General   | 3 3                |  |   |
|             | Other (specify) ▼   |                    | 250.00                                   |   |
| C.          | Full Name (Last, First, Middle Initial) Ms. Marcia M. Davis |                    |  | Date of Receipt                             |
|             | Mailing Address 17850 Snider Road                           |                    |  | 12 29 2006                                  |
|             | City Si   | tate               | Zip Code                                 | Transaction ID: 13559241                    |
|             |   | H                  | 45334-9733                               | Amount of Each Receipt this Period          |
|             | FEC ID number of contributing                               |                    |  | 125.00                                      |
|             | federal political committee.                                | '                  |  | 123.00                                      |
|             | Many Dutan Hoénital   | cupation<br>e Pres | n<br>sident, Patient Services            |   |
|             |   |                    | Year-to-Date ▼                           | _   |
|             | Primary General   | 3 -3               |  |   |
|             | Other (specify) ▼   |                    | 250.00                                   |   |
| <u></u>     | UBTOTAL of Receipts This Page (optional)                    |                    |  | 375.00                                      |
| $\vdash$    | ODI OTAL OF HOOOIPIS THIS I age (optional)                  |                    |  |   |
| т           | OTAL This Period (last page this line number only)          |                    |  |   |

| S           | CHEDULE A (FEC Form 3X)  |                              | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 133 / 228   |
|-------------|--|------------------------------|---|---|
| ıT          | EMIZED RECEIPTS  |                              | or each category of the   | (check only one)  |
| Ш           | EMIZED RECEIP 13   | Detailed Summary Page        |   | X 11a 11b 11c 12  |
|             |  |                              | ,   | 13 14 15 16 17  |
| Ar<br>or    | ry information copied from such Reports and Stat<br>for commercial purposes, other than using the na | tements may<br>ame and add   | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                              |   |   |
| $ \rangle$  | American Hospital Association PAC  |                              |   |   |
| Α.          | Full Name (Last, First, Middle Initial)<br>Mr. Timothy L. Froebe                                     |                              |   | Date of Receipt   |
|             | Mailing Address 6429 Road 14   |                              |   | 12 29 2006  |
|             | City   | State                        | Zip Code  | Transaction ID: 13559242  |
|             | Bellefontaine  | OH                           | 43357   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.   | C                            |   | 125.00  |
|             | Name of Employer<br>Mary Rutan Hospital  | Occupation Vice Pres         | n<br>sident, Human Resources  |   |
|             | Receipt For:   | Aggregate                    | Year-to-Date 🔻  |   |
|             | Primary General  |                              | 050.00  | 1   |
|             | Other (specify) ▼  |                              | 250.00  |   |
| В.          | Full Name (Last, First, Middle Initial)<br>Mr. Bijan J. Goodarzi, MD                                 |                              |   | Date of Receipt   |
|             | Mailing Address 6820 Layman Drive  |                              |   | 12 29 2006  |
|             | City   | State                        | Zip Code  | Transaction ID: 13559243  |
|             | Nashport   | OH                           | 43830-9524  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.   | C                            |   | 125.00  |
|             | Name of Employer<br>Genesis HealthCare System  | Occupation<br>Administration |   |   |
|             | Receipt For:   | Aggregate                    | Year-to-Date <b>V</b>   |   |
|             | Primary General  | 1 1                          |   | 1   |
|             | Other (specify)  |                              | 250.00  |   |
| <u>С</u> .  | Full Name (Last, First, Middle Initial) Ms. Becky Nicholl  |                              |   | Date of Receipt   |
|             | Mailing Address 204 North Hayes Street   |                              |   | 12 29 2006  |
|             | City   | State                        | Zip Code  | Transaction ID: 13559244  |
|             | Bellefontaine  | OH                           | 43311-2406  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.   | C                            |   | 125.00  |
|             | Name of Employer<br>Mary Rutan Hospital  | Occupation Vice Pres         | n<br>sident, Quality Risk Manager                                       | m <del>¢</del> n  |
|             | Receipt For: Primary General Other (specify)   | Aggregate                    | Year-to-Date ▼<br>250.00  |   |
| s           | UBTOTAL of Receipts This Page (optional)   |                              |   | 375.00  |

TOTAL This Period (last page this line number only) .....

| SCHEDULE A (FEC Form 3X) |  |                           | Use separate schedule(s)   | FOR LINE NUMBER: PAGE 134 / 228  |
|--------------------------|--|---------------------------|--|--|
|                          | EMIZED RECEIPTS  |                           | or each category of the  | (check only one)  X 11a  11b  11c  12  |
|                          |  |                           | Detailed Summary Page  | 13 14 15 16 17   |
| Any<br>or f              | y information copied from such Reports and State or commercial purposes, other than using the na | ements may<br>ame and add | not be sold or used by any person<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$            | NAME OF COMMITTEE (In Full)  |                           |  |  |
| $\rangle$                | American Hospital Association PAC  |                           |  |  |
| _                        | Full Name (Last, First, Middle Initial)<br>Mr. Dwight Spencer                                    |                           |  | Date of Receipt  |
|                          | Mailing Address 4875 County Road 20  |                           |  | 12 29 2006   |
|                          | City   | State                     | Zip Code   | Transaction ID: 13559245   |
|                          | Rushsylvania   | OH                        | 43347-9749   | Amount of Each Receipt this Period   |
|                          | FEC ID number of contributing federal political committee.                                       | С                         |  | 125.00   |
|                          | Name of Employer<br>Mary Rutan Hospital  | Occupation                | ecutive Officer  | 1  |
|                          | Receipt For:   |                           | Year-to-Date ▼   |  |
|                          | Primary General Other (specify) ▼  |                           | 250.00   |  |
| _                        | Full Name (Last, First, Middle Initial) Mr Peter J King  |                           |  | Date of Receipt  |
|                          | Mailing Address 405 Grand Avenue   |                           |  | 12 29 2006   |
|                          | City   | State                     | Zip Code   | Transaction ID: 13559246   |
|                          | Dayton   | OH                        | 45405-4720   | Amount of Each Receipt this Period   |
|                          | FEC ID number of contributing federal political committee.                                       | С                         |  | 250.00   |
|                          | Name of Employer<br>Grandview Hospital and Me-   | Occupation                |  |  |
|                          | dical Center   |                           | ce President and Chief Finar   |  |
|                          | Receipt For: Primary General   | Aggregate                 | Year-to-Date ▼   |  |
|                          | Other (specify) ▼  |                           | 500.00   |  |
| _                        | Full Name (Last, First, Middle Initial)<br>Mr. Ronald Klein                                      |                           |  | Date of Receipt  |
|                          | Mailing Address 647 E Street, Rt. 73   |                           |  | 12 29 2006   |
|                          | City   | State                     | Zip Code   | Transaction ID: 13559247   |
|                          | Springboro   | OH                        | 45066  | Amount of Each Receipt this Period   |
|                          | FEC ID number of contributing federal political committee.                                       | С                         |  | 250.00   |
|                          | Name of Employer<br>Kettering Medical Center-  | Occupation                |  |  |
|                          | Network  | Medical [                 |  |  |
|                          | Receipt For: Primary General   | Aggregate                 | Year-to-Date ▼   |  |
|                          | Other (specify) ▼  |                           | 500.00   |  |
| SI                       | JBTOTAL of Receipts This Page (optional)   |                           |  | 625.00   |
| т/                       | OTAL This Period (last nage this line number on  | lv)                       | •  |  |

| S           | CHEDULE A (FEC Form 3X)   |   | Use separate schedule(s)               | FOR LINE NUMBER: PAGE 135 / 228                  |
|-------------|---|---|--|--|
|             | EMIZED RECEIPTS   |   | or each category of the                | (check only one)                                 |
| ••          | EMIZED RECEIL TO  |   | Detailed Summary Page                  | X   11a   11b   11c   12   15   16   17          |
| Δr          | ny information copied from such Reports and St                            | atements may                                    | y not he sold or used by any ners      | <del>                                     </del> |
| or          | for commercial purposes, other than using the                             | name and add                                    | dress of any political committee to    | o solicit contributions from such committee.     |
| $\setminus$ | NAME OF COMMITTEE (In Full)   |   |  |  |
|             | American Hospital Association PAC   |   |  |  |
| Α.          | Full Name (Last, First, Middle Initial)<br>Mr. Frank J Bartell            |   |  | Date of Receipt                                  |
|             | Mailing Address 5901 Monclova Road  |   |  | 12 29 7 2006                                     |
|             | City  | State   | Zip Code                               | Transaction ID: 13559248                         |
|             | Maumee  | OH  | 43537-1899                             | Amount of Each Receipt this Period               |
|             | FEC ID number of contributing federal political committee.                | C   |  | 250.00   |
|             | Name of Employer<br>St. Luke's Hospital                                   | Occupation<br>President                         | n<br>t and Chief Executive Office      | <br>r  |
|             | Receipt For:  | Aggregate                                       | Year-to-Date ▼                         |  |
|             | Primary General   |   | 500.00                                 | 1  |
|             | Other (specify) ▼   |   |  |  |
| В.          | Full Name (Last, First, Middle Initial)<br>Mr. Melvin R Creeley           |   |  | Date of Receipt                                  |
|             | Mailing Address 425 West Fifth Street                                     |   |  | 12 29 2006                                       |
|             | City  | State   | Zip Code                               | Transaction ID: 13559249                         |
|             | East Liverpool  | OH  | 43920-2498                             | Amount of Each Receipt this Period               |
|             | FEC ID number of contributing federal political committee.                | C   |  | 250.00   |
|             | Name of Employer<br>East Liverpool City Hospi-                            | Occupation<br>President                         |  |  |
|             | tal<br>Receipt For:   |   | Year-to-Date ▼                         |  |
|             | Primary General   |   |  | 1  |
|             | Other (specify) ▼   | 0 0   | 500.00                                 |  |
| C.          | Full Name (Last, First, Middle Initial)<br>Mr. Douglas W McNeill, , FACHE |   |  | Date of Receipt                                  |
|             | Mailing Address 105 McKnight Drive  |   |  | 12 29 2006                                       |
|             | City  | State   | Zip Code                               | Transaction ID: 13559250                         |
|             | Middletown  | OH  | 45044-4838                             | Amount of Each Receipt this Period               |
|             | FEC ID number of contributing federal political committee.                | C   |  | 250.00   |
|             | Name of Employer<br>Middletown Regional Hospi-<br>tal                     | Occupation<br>President                         | n<br>t and Chief Executive Office      | r  |
|             | Receipt For:  | Aggregate                                       | Year-to-Date ▼                         |  |
|             | Primary General   |   | 500.00                                 | 1  |
|             | Other (specify) ▼   | 0 0   | 300.00                                 | 1  |
| s           | UBTOTAL of Receipts This Page (optional)                                  |   |  | 750.00   |
| Ļ           | OTAL This Period (last page this line number of                           | only)   |  |  |
| 1 .         | · · · · · · · · · · · · · · · ·   | -··· <i>j                                  </i> | ······································ |  |

| S               | CHEDULE A (FEC Form 3X)                                       |                          | Use separate schedule(s)                | FOR LINE NUMBER: PAGE 136 / 228                     |
|-----------------|---|--------------------------|---|---|
|                 | EMIZED RECEIPTS   |                          | or each category of the                 | (check only one)                                    |
| •               | EMIZED REGEN 10   |                          | Detailed Summary Page                   | X   11a     11b     11c     12     15     16     17 |
| Ar              | by information copied from such Reports and Sta               | tements may              | ∟<br>v not be sold or used by any perso |   |
| or              | for commercial purposes, other than using the n               | ame and add              | dress of any political committee to     | solicit contributions from such committee.          |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)                                   |                          |   |   |
| /               | American Hospital Association PAC                             |                          |   |   |
| ۹.              | Full Name (Last, First, Middle Initial) Ms. Cathleen K Nelson |                          |   | Date of Receipt                                     |
|                 | Mailing Address 2600 Navarre Avenue                           |                          |   | 12 29 2006  |
|                 | City  | State                    | Zip Code                                | Transaction ID: 13559252                            |
|                 | Oregon  | OH                       | 43616-3297                              | Amount of Each Receipt this Period                  |
|                 | FEC ID number of contributing federal political committee.    | C                        |   | 250.00  |
|                 | Name of Employer<br>St. Charles Mercy Hospital                | Occupation<br>Presiden   | n<br>t and Chief Executive Office       |   |
|                 | Receipt For:  |                          | e Year-to-Date ▼                        | 7   |
|                 | Primary General   |                          | 506.25                                  | 1   |
|                 | Other (specify) ▼   | 0 0                      | 300.23                                  |   |
| 3.              | Full Name (Last, First, Middle Initial)<br>Mr. LaMar L Wyse   |                          |   | Date of Receipt                                     |
|                 | Mailing Address 269 Portland Way South                        | 12 29 2006               |   |   |
|                 | City  | Transaction ID: 13559253 |   |   |
|                 | Galion  | OH                       | 44833-2312                              | Amount of Each Receipt this Period                  |
|                 | FEC ID number of contributing federal political committee.    | C                        |   | 250.00  |
|                 | Name of Employer<br>Galion Community Hospital                 | Occupation<br>President  | n<br>t and Chief Executive Office       |   |
|                 | Receipt For:  | Aggregate                | e Year-to-Date ▼                        |   |
|                 | Primary General   | ' '                      | 500.00                                  | 1   |
|                 | Other (specify) ▼   | 0 0                      |   |   |
| Э.              | Full Name (Last, First, Middle Initial)  Ms. Mandy C Goble    |                          |   | Date of Receipt                                     |
|                 | Mailing Address 205 Palmer Avenue                             |                          |   | 12 29 2006  |
|                 | City  | State                    | Zip Code                                | Transaction ID: 13559254                            |
|                 | Bellefontaine   | OH                       | 43311-2298                              | Amount of Each Receipt this Period                  |
|                 | FEC ID number of contributing federal political committee.    | C                        |   | 250.00  |
|                 | Name of Employer<br>Mary Rutan Hospital                       | Occupation<br>President  | n<br>t and Chief Executive Office       |   |
|                 | Receipt For:  | Aggregate                | e Year-to-Date ▼                        |   |
|                 | Primary General   | 1                        | 500.00                                  | 1   |
|                 | Other (specify)   |                          | 0 0 0 0 0 0                             |   |
| s               | UBTOTAL of Receipts This Page (optional)                      |                          |   | 750.00  |
| т               | OTAL This Period (last page this line number of               | nlv)                     |   |   |
| •               | - Car page the mile name of                                   | ,                        |   |   |

| SCHED                        | ULE A (FEC Form 3X)  |                              | Use separate schedule(s)  | FOR LINE NUMBER:  | PAGE 137 / 228                       |
|------------------------------|--|------------------------------|---|---|--------------------------------------|
|                              | ED RECEIPTS  |                              | or each category of the   | (check only one)  X 11a 11b                               | ☐ 11c ☐ 12                           |
|                              | -  |                              | Detailed Summary Page   | 13 14   | 15 16 17                             |
| Any information for for comm | ation copied from such Reports and Stanercial purposes, other than using the r | atements may<br>name and add | not be sold or used by any persodress of any political committee to | on for the purpose of solic<br>solicit contributions from | citing contributions such committee. |
| \ NAME (                     | OF COMMITTEE (In Full)   |                              |   |   |                                      |
| Americ                       | can Hospital Association PAC   |                              |   |   |                                      |
| Mr. Thor                     | ne (Last, First, Middle Initial)<br>nas L Sieber                               |                              |   | Date of Receipt   |                                      |
|                              | Address 2951 Maple Avenue  |                              |   | 12 29   | 2006                                 |
| City                         | :11.5  | State                        | Zip Code  | Transaction ID: 1   |                                      |
| Zanes                        |  | ОН                           | 43701-1406  | Amount of Each R  | eceipt this Period                   |
|                              | number of contributing political committee.                                    | C                            |   |   | 250.00                               |
| Name of<br>Genesis           | f Employer<br>s HealthCare System  | Occupation<br>President      | n<br>t and Chief Executive Officer                                  |   |                                      |
| Receipt                      |  | Aggregate                    | e Year-to-Date ▼  |   |                                      |
|                              | rimary General ther (specify) ▼  |                              | 500.00  |   |                                      |
|                              | ne (Last, First, Middle Initial)<br>a H Ubbing                                 |                              |   | Date of Receipt   |                                      |
| Mailing /                    | Address 401 North Ewing Street   | 12 / 29                      |   |   |                                      |
| City                         | City State Zip Code  |                              |   |   | 3559256                              |
| Lancas                       | ster   | OH                           | 43130-3372  | Amount of Each R  | eceipt this Period                   |
|                              | number of contributing political committee.                                    | C                            |   |   | 250.00                               |
|                              | f Employer<br>I Medical Center   | Occupation<br>President      | n<br>t and Chief Executive Officer                                  | ,   |                                      |
| Receipt                      |  | Aggregate                    | e Year-to-Date ▼  |   |                                      |
|                              | rimary ☐ General ther (specify) ♥  |                              | 500.00  |   |                                      |
|                              | ne (Last, First, Middle Initial)<br>am W Harding                               |                              |   | Date of Receipt   |                                      |
| Mailing /                    | Address 659 Boulevard  |                              |   | 12 29   |                                      |
| City                         |  | State                        | Zip Code  | Transaction ID: 1   | 3559257                              |
| <u>Dover</u>                 |  | OH                           | 44622-2077  | Amount of Each R  | eceipt this Period                   |
|                              | number of contributing political committee.                                    | С                            |   |   | 500.00                               |
| Name of<br>Union H           | f Employer<br>Iospital   | Occupation<br>President      | n<br>t and Chief Executive Officer                                  | ,   |                                      |
| Receipt                      |  | Aggregate                    | e Year-to-Date ▼  |   |                                      |
|                              | rimary General<br>ther (specify) ♥   |                              | 1000.00   |   |                                      |
| SUBTOTA                      | L  AL of Receipts This Page (optional)   |                              |   |   | 1000.00                              |
|                              | ,  |                              | •   | -   |                                      |
| TOTAL T                      | his Period (last page this line number o                                       | nly)                         | <b>&gt;</b>   |   |                                      |

| S               | CHEDULE A (FEC Form 3X)  |                              | Lloo concrete cohedula(a)   | FOR LINE NUMBER:  | PAGE 138 / 228    |
|-----------------|--|------------------------------|---|---|-------------------|
|                 | EMIZED RECEIPTS  |                              | Use separate schedule(s)<br>or each category of the                     | (check only one)  | , –               |
| !!              | EIMIZED RECEIPTS   |                              | Detailed Summary Page   | X 11a 11b   | 11c   12          |
| ^ -             | · · · · · · · · · · · · · · · · · · ·  |                              |   | 13 14   | 15 16 17          |
| Ar<br>or        | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may<br>name and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of solicit<br>solicit contributions from s | such committee.   |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |                              |   |   |                   |
| $\rangle$       | American Hospital Association PAC  |                              |   |   |                   |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Mr. James Akers   |                              |   | Date of Receipt   |                   |
|                 | Mailing Address 430 Thorn Hill Lane  |                              |   | 12 / 29   | 2006              |
|                 | City   | State                        | Zip Code  | Transaction ID: 13  |                   |
|                 | Middletown   | OH                           | 45042-3664  | Amount of Each Re   | ceipt this Period |
|                 | FEC ID number of contributing federal political committee.   | C                            |   |   | 250.00            |
|                 | Name of Employer<br>Middletown Regional Hospi-<br>tal  | Occupation<br>Trustee        | 1   |   |                   |
|                 | Receipt For:   | Aggregate                    | Year-to-Date ▼  |   |                   |
|                 | Primary General  |                              | 500.00  | 1   |                   |
|                 | Other (specify)  | 0 0                          | 300.00  |   |                   |
| 3.              | Full Name (Last, First, Middle Initial)<br>Mr. Ronald S Owen                                       |                              |   | Date of Receipt   |                   |
|                 | Mailing Address P O Box 6987   | 12 / 07                      | 2006  |   |                   |
|                 | City   | Transaction ID: 13           |   |   |                   |
|                 | Dothan   | AL                           | 36302-6987  | Amount of Each Re   | ceipt this Period |
|                 | FEC ID number of contributing federal political committee.   | C                            |   |   | 500.00            |
|                 | Name of Employer<br>Southeast Alabama Medical  | Occupation                   |   |   |                   |
|                 | Center Receipt For:  |                              | ecutive Officer  Year-to-Date   Vecar-to-Date                           |   |                   |
|                 | Primary General  | Aggregate                    |   | 1   |                   |
|                 | Other (specify) ▼  |                              | 800.00  |   |                   |
| <b>)</b> .      | Full Name (Last, First, Middle Initial)<br>Mr. Kenneth Hanover                                     |                              |   | Date of Receipt   |                   |
|                 | Mailing Address 3200 Burnet Avenue   |                              |   | 1 2 D D D D D D D D D D D D D D D D D D                       | 2006              |
|                 | City   | State                        | Zip Code  | Transaction ID: 13  | 559260            |
|                 | Cincinnati   | OH                           | 45229-3019  | Amount of Each Re   | ceipt this Period |
|                 | FEC ID number of contributing federal political committee.   | C                            |   |   | 500.00            |
|                 | Name of Employer<br>Health Alliance of Greater   | Occupation                   |   |   |                   |
|                 | Cincinnati   | -                            | t and Chief Executive Officer   | r   |                   |
|                 | Receipt For:  Primary  General   | Aggregate                    | Year-to-Date ▼  | ,   |                   |
|                 | Other (specify)  | ' '                          | 500.00  |   |                   |
|                 |  |                              |   | 1   |                   |
| s               | UBTOTAL of Receipts This Page (optional)   |                              |   |   | 1250.00           |
| _               | OTAL This Davied (lost research in line accepts  | mls ()                       |   |   |                   |
| - 1             | OTAL This Period (last page this line number o   | ıııy)                        | <b>)</b>  |   |                   |

| SCHEDULE A (FEC Form 3X) |  | Use separate schedule(s)   |   | FOR LINE NUMBER: PAGE 139 / 228   |
|--------------------------|--|----------------------------|---|---|
|                          | EMIZED RECEIPTS  | or each category of the    |   | (check only one)  |
| 11                       | EIVIIZED RECEIPTS  |                            | Detailed Summary Page   | X 11a   |
|                          |  |                            |   | 13 14 15 16 17  |
| Ar<br>or                 | ly information copied from such Reports and Stator commercial purposes, other than using the n | tements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\setminus$              | NAME OF COMMITTEE (In Full)  |                            |   |   |
| $\rangle$                | American Hospital Association PAC  |                            |   |   |
| A.                       |  |                            |   | Date of Receipt   |
|                          | Mailing Address P O Box 886  |                            |   | 12 07 2006  |
|                          | City   | State                      | Zip Code  | Transaction ID: 13559261  |
|                          | Monroeville  | AL                         | 36461-0886  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.                                     | C                          |   | 500.00  |
|                          | Name of Employer<br>Monroe County Hospital   | Occupation Chief Exe       | n<br>ecutive Officer  |   |
|                          | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|                          | Primary General  |                            | 500,00  | 1   |
|                          | Other (specify) ▼  |                            | 500.00  |   |
| В.                       | Full Name (Last, First, Middle Initial)<br>Ms Talana Bell                                      |                            |   | Date of Receipt   |
|                          | Mailing Address P O Box 6907   |                            | 12 07 2006  |   |
|                          | City   | State                      | Zip Code  | Transaction ID: 13559263  |
|                          | Dothan   | AL                         | 36302-6907  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.                                     | C                          |   | 250.00  |
|                          | Name of Employer<br>Flowers Hospital   | Occupation Chief Fin       | n<br>ancial Officer   |   |
|                          | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|                          | Primary General  |                            |   | 1   |
|                          | Other (specify) ▼  | 0 0                        | 250.00  |   |
| <u> </u>                 | Full Name (Last, First, Middle Initial)<br>Mr. Ralph H. Clark                                  |                            |   | Date of Receipt   |
|                          | Mailing Address 603 Oakhill Avenue   |                            |   | 12 07 2006  |
|                          | City   | State                      | Zip Code  | Transaction ID: 13559404  |
|                          | Sheffield  | AL                         | 35660-7263  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.                                     | C                          |   | 250.00  |
|                          | Name of Employer<br>Lakeview Community Hospit-<br>al   | Occupation                 | n   | 7   |
|                          | Receipt For: Primary General Other (specify)   | Aggregate                  | e Year-to-Date ▼<br>250.00  |   |
| s                        | UBTOTAL of Receipts This Page (optional)   |                            | <b>_</b>  | 1000.00   |
|                          | -  | ********                   |   |   |

TOTAL This Period (last page this line number only) .....

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                  | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 140 / 228 (check only one)  X 11a 11b 11c 12  13 14 15 16 17                      |
|---|----------------------------------|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the   | Statements mage                  | y not be sold or used by any perso<br>dress of any political committee to    | on for the purpose of soliciting contributions solicit contributions from such committee.               |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC  |                                  |  |   |
| Full Name (Last, First, Middle Initial) Mr. Jeffrey M Fried, , FACHE Mailing Address 424 Savannah Road  City Lewes  FEC ID number of contributing federal political committee.  Name of Employer Beebe Medical Center  Receipt For: Primary General Other (specify) |                                  | Zip Code 19958-1462  In and Chief Executive Officer e Year-to-Date ▼ 500.00  | Date of Receipt    M M M  |
| Full Name (Last, First, Middle Initial) Mr. Norman Hubbard Mailing Address 825 Eastlake Avenue  City Seattle  | East<br>State<br>WA              | Zip Code<br>98109-4405   | Date of Receipt  1 2 9 2 9 2 0 0 6  Transaction ID: 13566359  Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.  Name of Employer Seattle Cancer Care Alliance Receipt For: Primary General Other (specify)  |                                  | n<br>e Vice President<br>e Year-to-Date ▼                                    | 175.00  |
| Full Name (Last, First, Middle Initial)  Ms. Elaine Couture  Mailing Address 101 West Eighth Ave  City  Spokane  FEC ID number of contributing federal political committee.  Name of Employer Sacred Heart Medical Center Receipt For:                              | State WA  C  Occupatio Vice Pres |  | Date of Receipt  M M J 29 29 2006  Transaction ID: 13566360  Amount of Each Receipt this Period  250.00 |
| Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number   |                                  | 250.00   | 925.00  |

|                      | CHEDULE A (FEC Form 3X)   |                                     | Use separate schedule(s) or each category of the                    | FOR LINE NUMBER: PAGE 141 / 228 (check only one)  |
|----------------------|---|-------------------------------------|---|---|
| 11                   | EMIZED RECEIPTS   |                                     | Detailed Summary Page   | X 11a 11b 11c 12<br>13 14 15 16 17  |
| An<br>or             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | atements may<br>name and add        | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                     |                                     |   |   |
| Α.                   | Full Name (Last, First, Middle Initial) Mr. Shaun Koos Mailing Address 400 South 43rd Street      |                                     |   | Date of Receipt  1 2 2 9 2 0 0 6  |
|                      | City<br>Renton  | State<br>WA                         | Zip Code<br>98055-5714  | Transaction ID: 13566363  Amount of Each Receipt this Period                              |
|                      | FEC ID number of contributing federal political committee.  | C                                   |   | 250.00  |
|                      | Name of Employer<br>Valley Medical Center  Receipt For:   | Occupation<br>Director<br>Aggregate | n<br>e Year-to-Date ▼   |   |
|                      | Primary ☐ General Other (specify) ▼   | 0 0                                 | 250.00  |   |
| 3.                   | Full Name (Last, First, Middle Initial) Mr. Henry Turner Mailing Address 1654 103rd S.E.          |                                     |   | Date of Receipt   |
|                      |   | 12 29 2006                          |   |   |
|                      | City<br>Bellevue  | State<br>WA                         | Zip Code<br>98004-7001  | Transaction ID: 13566364  |
|                      | FEC ID number of contributing federal political committee.  | C                                   | 3004-7001   | Amount of Each Receipt this Period  250.00  |
|                      | Name of Employer<br>Swedish Health Services   | Occupation Chairman                 | n   |   |
|                      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                           | e Year-to-Date ▼<br>250.00  |   |
| <u>-</u><br>Э.       | Full Name (Last, First, Middle Initial)<br>Mr. Kirby McDonald                                     |                                     |   | Date of Receipt   |
|                      | Mailing Address 3847 Hunts Point Rd.  |                                     |   | 12 29 7 2006  |
|                      | City Hunts Point  | State<br>WA                         | Zip Code<br>98004-1111  | Transaction ID: 13566365  Amount of Each Receipt this Period                              |
|                      | FEC ID number of contributing federal political committee.  | C                                   |   | 500.00  |
|                      | Name of Employer<br>Swedish Health Services   | Occupation Trustee                  | n   |   |
|                      | Receipt For: Primary General Other (specify)  | Aggregate                           | e Year-to-Date ▼ 500.00   |   |
| S                    | UBTOTAL of Receipts This Page (optional)  |                                     |   | 1000.00   |
| T                    | OTAL This Period (last page this line number or   | nly)                                |   |   |

| SCHEDULE A (FEC Form 3X)   |                         | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 142 / 228                     |
|--|-------------------------|-------------------------------------|---|
| TEMIZED RECEIPTS   |                         | or each category of the             | (check only one)                                    |
|  |                         | Detailed Summary Page               | X   11a     11b     11c     12     15     16     17 |
| Any information copied from such Reports and Sta                 | atements may            | not be sold or used by any perso    | on for the purpose of soliciting contributions      |
| or for commercial purposes, other than using the r               | name and add            | dress of any political committee to | solicit contributions from such committee.          |
| NAME OF COMMITTEE (In Full)                                      |                         |                                     |   |
| American Hospital Association PAC                                |                         |                                     |   |
| Full Name (Last, First, Middle Initial)  Mr John Biancamano      |                         |                                     | Date of Receipt                                     |
| Mailing Address P O Box 5037                                     |                         |                                     | 12 29 2006  |
| City   | State                   | Zip Code                            | Transaction ID: 13567243                            |
| <u>Hartford</u>  | CT                      | 06102-5037                          | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.       | C                       |                                     | 250.00  |
| Name of Employer<br>Hartford Hospital                            | Occupation Vice Pres    | n<br>sident Finance                 |   |
| Receipt For:   | Aggregate               | Year-to-Date ▼                      |   |
| Primary General  | 1 1                     | 250.00                              | 1   |
| Other (specify) ▼  | 0 0                     | 250.00                              |   |
| Full Name (Last, First, Middle Initial)  Mr. Martin J. Gavin     |                         |                                     | Date of Receipt                                     |
| Mailing Address 108 Winding Lane                                 | 12 29 7 2006            |                                     |   |
| City   | State                   | Zip Code                            | Transaction ID: 13567244                            |
| Avon   | CT                      | 06001-2625                          | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.       | C                       |                                     | 250.00  |
| Name of Employer<br>Connecticut Children's Me-<br>dical Center   | Occupation<br>President |                                     |   |
| Receipt For:   | Aggregate               | Year-to-Date ▼                      |   |
| Primary General  | 1 1                     | 250.00                              | 1   |
| Other (specify)  | 0 0                     | 250.00                              |   |
| Full Name (Last, First, Middle Initial)  Dr. Alfred Herzog, M.D. |                         |                                     | Date of Receipt                                     |
| Mailing Address 97 Surrey Lane                                   |                         |                                     | 12  |
| City   | State                   | Zip Code                            | Transaction ID: 13567245                            |
| Glastonbury  | CT                      | 06033-3258                          | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.       | C                       |                                     | 250.00  |
| Name of Employer<br>Hartford Hospital                            | Occupation Vice Pres    | n<br>sident, Medical Affairs        |   |
| Receipt For:   |                         | e Year-to-Date ▼                    |   |
| Primary General  | ' '                     | 250.00                              | 1   |
| Other (specify) ▼  |                         | 250.00                              |   |
| SUBTOTAL of Receipts This Page (optional)                        |                         |                                     | 750.00  |
| TOTAL This Period (last page this line number o                  | nly)                    |                                     |   |

| S          | CHEDULE A (FEC Form 3X)  |                        | Use separate schedule(s)  | (check only one)   |
|------------|--|------------------------|---|--|
| IT         | EMIZED RECEIPTS  |                        | or each category of the<br>Detailed Summary Page                        | X   11a  |
| Ar<br>or   | ny information copied from such Reports and S<br>for commercial purposes, other than using the | tatements may          | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|            | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                  |                        |   |  |
| Α.         | Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings                                   |                        |   | Date of Receipt  |
|            | Mailing Address 365 Montauk Avenue   |                        |   | 12 29 2006   |
|            | City   | State                  | Zip Code  | Transaction ID: 13567246   |
|            | New London   | CT                     | 06320-4700  | Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.                                     | C                      |   | 500.00   |
|            | Name of Employer<br>Lawrence & Memorial Hospi-<br>tal  | Occupation<br>Presiden | n<br>t and Chief Executive Officer                                      |  |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate              | e Year-to-Date ▼<br>1000.00   |  |
| В.         | Full Name (Last, First, Middle Initial) Mr Vincent Capece Mailing Address 28 Crescent Street   |                        |   | Date of Receipt  |
|            |  |                        |   | 12 29 2006   |
|            | City   | State                  | Zip Code  | Transaction ID: 13567247   |
|            | Middletown   | CT                     | 06457-3650  | Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.                                     | C                      |   | 250.00   |
|            | Name of Employer<br>Middlesex Hospital   | Occupation Vice Pres   | n<br>sident Finance and Treasurer                                       |  |
|            | Receipt For:   | Aggregate              | e Year-to-Date ▼  |  |
|            | Primary General Other (specify) ▼  | 0 0                    | 250.00  |  |
| <u>с</u> . | Full Name (Last, First, Middle Initial)<br>Mr. Joseph J. Klimek                                |                        |   | Date of Receipt  |
|            | Mailing Address 110 Barnes Road  |                        |   | 12 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|            | City   | State                  | Zip Code  | Transaction ID: 13567248   |
|            | Wallingford  | CT                     | 06492-1802  | Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.                                     | C                      |   | 250.00   |
|            | Name of Employer<br>Hartford Hospital  | Occupation Vice Pres   |   |  |
|            | Receipt For:   | Aggregate              | e Year-to-Date ▼  |  |
|            | Primary General Other (specify) ▼  | 0 0                    | 250.00  |  |
| s          | UBTOTAL of Receipts This Page (optional)   |                        |   | 1000.00  |
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| SC            | CHEDULE A (FEC Form 3X)   |                            | Harris I. J. C. C.  | FOR LINE NUMBER: PAGE 144 / 228  | J |
|---------------|---|----------------------------|---|--|---|
|               |   |                            | Use separate schedule(s)<br>or each category of the                     | (check only one)   |   |
|               | EMIZED RECEIPTS   |                            | Detailed Summary Page   | X 11a 11b 11c 12   |   |
|               |   |                            | , -   | 13 14 15 16 17   | _ |
| An<br>or      | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na | tements may<br>ame and add | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |   |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                            |   |  | _ |
| $\rangle$     | American Hospital Association PAC   |                            |   |  |   |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Mr James Staten  |                            |   | Date of Receipt  |   |
|               | Mailing Address 20 York Street  |                            |   | 12 29 2006   |   |
|               | City  | State                      | Zip Code  | Transaction ID: 13567249   |   |
|               | New Haven   | СТ                         | 06510-3220  | Amount of Each Receipt this Period   |   |
|               | FEC ID number of contributing federal political committee.  | C                          |   | 250.00   |   |
|               | Name of Employer<br>Yale-New Haven Hospital   | Occupation<br>Senior Vi    | ce President Finance  |  |   |
|               | Receipt For:  |                            | Year-to-Date ▼  | 7  |   |
|               | Primary General   |                            | 250.00  |  |   |
|               | Other (specify) ▼   |                            | 250.00  |  |   |
| 3.            | Full Name (Last, First, Middle Initial)<br>Mr. Vincent Petrini                                      |                            |   | Date of Receipt  |   |
|               | Mailing Address 20 York Street  | 12 29 2006                 |   |  |   |
|               | City  | State                      | Zip Code  | Transaction ID: 13567250   |   |
|               | New Haven   | CT                         | 06510-3220  | Amount of Each Receipt this Period   |   |
|               | FEC ID number of contributing federal political committee.  | С                          |   | 250.00   |   |
|               | Name of Employer<br>Yale New Haven Health Sys-  | Occupation                 |   |  |   |
|               | tem   | Senior VI                  |   | 4  |   |
|               | Receipt For: Primary General  | Aggregate                  | e Year-to-Date ▼  |  |   |
|               | Other (specify)   |                            | 250.00  |  |   |
|               | Full Name (Last, First, Middle Initial) Dr. Peter N Herbert, , M.D.                                 |                            |   | Date of Receipt  |   |
|               | Mailing Address 789 Howard Avenue   |                            |   | 12 29 2006   |   |
|               | City  | State                      | Zip Code  | Transaction ID: 13567251   |   |
|               | New Haven   | CT                         | 06519-1304  | Amount of Each Receipt this Period   |   |
|               | FEC ID number of contributing federal political committee.  | С                          |   | 250.00   |   |
|               | Name of Employer<br>Yale New Haven Health Sys-  | Occupation                 |   | 7  |   |
|               | tem   |                            | ce President Medical Affairs  |  |   |
|               | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |  |   |
|               | Primary General Other (specify)   | ' '                        | 250.00  |  |   |
|               | □ Strict (Specify) ♥  | 1 1                        | 0 0 0 0 0 0 0   |  |   |
| SI            | JBTOTAL of Receipts This Page (optional)  |                            |   | 750.00   |   |
| T             | OTAL This Period (last page this line number or   | ıly)                       |   |  |   |

| S               | CHEDULE A (FEC Form 3X)  |  | Use separate schedule(s)               | FOR LINE NUMBER: PAGE 145 / 228                      |  |  |
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|                 | EMIZED RECEIPTS  | or each category of the                              |  | (check only one)                                     |  |  |
| • •             | LIMIZED HEOLII 13  |  | Detailed Summary Page                  | X   11a   11b   11c   12<br>  13   14   15   16   17 |  |  |
| Δr              | by information copied from such Reports and Sta                      | atements may   | v not be sold or used by any perso     |  |  |  |
| or              | for commercial purposes, other than using the r                      | name and add   | dress of any political committee to    | solicit contributions from such committee.           |  |  |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |  |  |  |  |  |
| /               | American Hospital Association PAC                                    |  |  | _  |  |  |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Mr Richard D'Aquila       |  |  | Date of Receipt                                      |  |  |
|                 | Mailing Address 789 Howard Avenue                                    |  |  | 12 29 2006   |  |  |
|                 | City   | State  | Zip Code                               | Transaction ID: 13567252                             |  |  |
|                 | New Haven  | CT   | 06519-1304                             | Amount of Each Receipt this Period                   |  |  |
|                 | FEC ID number of contributing federal political committee.           | C  |  | 250.00   |  |  |
|                 | Name of Employer<br>Yale New Haven Health Sys-<br>tem                | Occupation   | n<br>e Vice President and Chief C      | pe   |  |  |
|                 | Receipt For:   | Aggregate  | e Year-to-Date ▼                       |  |  |  |
|                 | Primary General  |  | 250.00                                 |  |  |  |
|                 | Other (specify)  | 0 0  | 230.00                                 |  |  |  |
| 3.              | Full Name (Last, First, Middle Initial) Mr. Robert E Smanik, , FACHE |  |  | Date of Receipt                                      |  |  |
|                 | Mailing Address P O Box 6001   | 12 29 2006   |  |  |  |  |
|                 | City   | State  | Zip Code                               | Transaction ID: 13567255                             |  |  |
|                 | Putnam   | CT   | 06260-0901                             | Amount of Each Receipt this Period                   |  |  |
|                 | FEC ID number of contributing federal political committee.           | С  |  | 500.00   |  |  |
|                 | Name of Employer<br>Day Kimball Hospital                             | Occupation<br>President                              | n<br>t and Chief Executive Office      |  |  |  |
|                 | Receipt For:   | Aggregate  | e Year-to-Date ▼                       |  |  |  |
|                 | Primary General  | 1 1  | 500.00                                 |  |  |  |
|                 | Other (specify) ▼  | 0 0  |  |  |  |  |
| Э.              | Full Name (Last, First, Middle Initial)<br>Mr. William C. Powanda    |  |  | Date of Receipt                                      |  |  |
|                 | Mailing Address 27 Partridge Drive                                   |  |  | 1 2 2 9 2 0 0 6                                      |  |  |
|                 | City   | State  | Zip Code                               | Transaction ID: 13567256                             |  |  |
|                 | Seymour  | CT   | 06483-2217                             | Amount of Each Receipt this Period                   |  |  |
|                 | FEC ID number of contributing federal political committee.           | C  |  | 250.00   |  |  |
|                 | Name of Employer<br>Griffin Hospital                                 | Occupation<br>Vice Pres                              |  |  |  |  |
|                 | Receipt For:   | -  | e Year-to-Date ▼                       |  |  |  |
|                 | Primary General  |  | 250.00                                 |  |  |  |
|                 | Other (specify)  | 0 0  | 250.00                                 |  |  |  |
| s               | UBTOTAL of Receipts This Page (optional)                             |  |  | 1000.00  |  |  |
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| SCHEDULE A (FEC Form 3X) |  |                         | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 146 / 228                   |
|--------------------------|--|-------------------------|-------------------------------------|---|
| TEMIZED RECEIPTS         |  |                         | or each category of the             | (check only one)                                  |
| •                        |  |                         | Detailed Summary Page               | X   11a   11b   11c   12   13   14   15   16   17 |
| Ar                       | by information copied from such Reports and Stater                   | ments may               | not be sold or used by any perso    |   |
| or                       | for commercial purposes, other than using the nam                    | ne and add              | lress of any political committee to | solicit contributions from such committee.        |
| $\overline{\ \ }$        | NAME OF COMMITTEE (In Full)  |                         |                                     |   |
| /                        | American Hospital Association PAC                                    |                         |                                     |   |
| ۹.                       | Full Name (Last, First, Middle Initial)<br>Mr. Frank J Kelly         |                         |                                     | Date of Receipt                                   |
|                          | Mailing Address 24 Hospital Avenue                                   |                         |                                     | 12 29 2006  |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13567257                          |
|                          | Danbury  | CT                      | 06810-6099                          | Amount of Each Receipt this Period                |
|                          | FEC ID number of contributing federal political committee.           | С                       |                                     | 500.00  |
|                          | Danbury Hochifal   | Occupation<br>President | and Chief Executive Officer         |   |
|                          |  |                         | Year-to-Date ▼                      |   |
|                          | Primary General Other (specify)                                      | 00 0                    | 500.00                              |   |
|                          | Sais (opcomy) V  | 0 0                     |                                     |   |
| 3.                       | Full Name (Last, First, Middle Initial)<br>Mr. David Rackliffe       |                         |                                     | Date of Receipt                                   |
|                          | Mailing Address PO Box 977   |                         |                                     | 12 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y     |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13567258                          |
|                          | Bristol  | CT                      | 06011-0977                          | Amount of Each Receipt this Period                |
|                          | FEC ID number of contributing federal political committee.           | С                       |                                     | 250.00  |
|                          | Briefol Hospital   | Occupation              |                                     |   |
|                          |  |                         | Vice President                      |   |
|                          | Receipt For:  Primary General  | Aggregate               | Year-to-Date ▼                      |   |
|                          | Other (specify) ▼  |                         | 250.00                              |   |
|                          | Full Name (Last, First, Middle Initial) Mr. Ingo Angermeier, , FACHE |                         |                                     | Date of Receipt                                   |
|                          | Mailing Address 101 East Wood Street                                 |                         |                                     | M M / D D / Y Y Y Y                               |
|                          |  |                         |                                     | 12 29 2006  |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13605310                          |
|                          | Spartanburg  | SC                      | 29303-3016                          | Amount of Each Receipt this Period                |
|                          | FEC ID number of contributing federal political committee.           | C                       |                                     | 250.00  |
|                          | Name of Employer<br>Spartanburg Régional Medi-                       | Occupation              | 1                                   | 7   |
|                          | cal Center F   | President               | and Chief Executive Officer         |   |
|                          |  | Aggregate               | Year-to-Date ▼                      |   |
|                          | Primary General  |                         | 250.00                              |   |
|                          | Other (specify) ▼  | 1 1                     |                                     |   |
| s                        | UBTOTAL of Receipts This Page (optional)                             |                         |                                     | 1000.00   |
|                          | . 5 ,  |                         | <u> </u>                            |   |
| т                        | OTAL This Period (last nage this line number only)                   | )                       | <b>•</b>                            |   |

| S                 | CHEDULE A (FEC Form 3X)  |                            | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 147 / 228 (check only one)  |   |
|-------------------|--|----------------------------|---|---|---|
| IT                | EMIZED RECEIPTS  |                            | or each category of the<br>Detailed Summary Page                    | X   11a   | 7 |
| An<br>or          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n    | tements may<br>ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |   |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |                            |   |   |   |
| ۹.                | Full Name (Last, First, Middle Initial)  Ms. Nancy Formella  Mailing Address One Medical Center Driv | /e                         |   | Date of Receipt  1 2 2 9 2 0 0 6  |   |
|                   | City   | State                      | Zip Code  | Transaction ID: 13605312  |   |
|                   | <u>Lebanon</u>   | NH                         | 03756-1000  | Amount of Each Receipt this Period  |   |
|                   | FEC ID number of contributing federal political committee.   | C                          |   | 250.00  |   |
|                   | Name of Employer<br>Dartmouth-Hitchcock Medic-<br>al Center  | Occupation<br>President    | t   |   |   |
|                   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>250.00  |   |   |
| 3.                | Full Name (Last, First, Middle Initial)<br>Mr. Douglas F Dean  |                            |   | Date of Receipt   | _ |
|                   | Mailing Address One Elliot Way   |                            |   | 12 29 7 2006  |   |
|                   | City   | State                      | Zip Code  | Transaction ID: 13605313  | _ |
|                   | Manchester  FEC ID number of contributing federal political committee.                               | C                          | 03103-3599  | Amount of Each Receipt this Period  250.00  |   |
|                   | Name of Employer<br>Elliot Hospital  | Occupation<br>President    | n<br>t and Chief Executive Office                                   |   |   |
|                   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate                  | e Year-to-Date ▼<br>250.00  |   |   |
| <b>)</b> .        | Full Name (Last, First, Middle Initial)<br>Mr. Kevin J Callahan                                      |                            |   | Date of Receipt   | _ |
|                   | Mailing Address 5 Alumni Drive   |                            |   | 12 29 2006  |   |
|                   | City<br>Exeter   | State<br>NH                | Zip Code<br>03833-2128  | Transaction ID: 13605314  Amount of Each Receipt this Period                              |   |
|                   | FEC ID number of contributing federal political committee.   | C                          | 03033-2120  | 250.00  |   |
|                   | Name of Employer<br>Exeter Hospital  | Occupation<br>President    | n<br>t and Chief Executive Office                                   |   |   |
|                   | Receipt For: Primary General Other (specify)   | Aggregate                  | e Year-to-Date ▼<br>250.00  |   |   |
| S                 | UBTOTAL of Receipts This Page (optional)   |                            |   | 750.00  |   |
| T                 | OTAL This Period (last page this line number or  | nly)                       |   |   |   |

| SCHEDULE A (FEC Form 3X) |  |                            |   | FOR LINE NUME         | BER: PAGE 148 / 228    |
|--------------------------|--|----------------------------|---|-----------------------|------------------------|
| TEMIZED RECEIPTS         |  |                            | Use separate schedule(s) or each category of the                          | (check only one)      |                        |
|                          | LIMIZED RECEIP 13  |                            | Detailed Summary Page   | X 11a 11              |                        |
| Λ                        |  |                            |   | 13 14                 |                        |
| or                       | ly information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | solicit contributions | from such committee.   |
| $\overline{}$            | NAME OF COMMITTEE (In Full)  |                            |   |                       |                        |
| $\rangle$                | American Hospital Association PAC  |                            |   |                       |                        |
| ۹.                       | Full Name (Last, First, Middle Initial) Ms. Alyson Pitman Giles                                    |                            |   | Date of Recei         | pt                     |
|                          | Mailing Address 100 McGregor Street  |                            | 7:01  | 12                    | 29 2006                |
|                          | City   | State                      | Zip Code  | Transaction II        |                        |
|                          | Manchester   | NH                         | 03102-3770  | Amount of Ea          | ch Receipt this Period |
|                          | FEC ID number of contributing federal political committee.   | C                          |   |                       | 250.00                 |
|                          | Name of Employer<br>Catholic Medical Center  | Occupation Presiden        | n<br>t and Chief Executive Officer  |                       |                        |
|                          | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |                       |                        |
|                          | Primary General Other (specify) ▼  |                            | 250.00  |                       |                        |
| 3.                       | Full Name (Last, First, Middle Initial) Mr. Russell G Keene  |                            |   | Date of Recei         | pt                     |
|                          | Mailing Address 59 Page Hill Road  |                            |   | 1 2                   | 29 2006                |
|                          | City   | State                      | Zip Code  | Transaction II        | <b>D</b> : 13605316    |
|                          | <u>Berlin</u>  | NH                         | 03570-3542  | Amount of Ea          | ch Receipt this Period |
|                          | FEC ID number of contributing federal political committee.   | C                          |   |                       | 250.00                 |
|                          | Name of Employer<br>Androscoggin Valley Hospi-   | Occupation                 |   |                       |                        |
|                          | tal  |                            | ecutive Officer   |                       |                        |
|                          | Receipt For:  Primary  General   | Aggregate                  | e Year-to-Date ▼  | .                     |                        |
|                          | Other (specify) ▼  |                            | 250.00  |                       |                        |
| —<br>Э.                  | Full Name (Last, First, Middle Initial)<br>Mr. Charles Stokes                                      |                            |   | Date of Recei         | pt                     |
|                          | Mailing Address 4438 Meadow Circle   |                            |   | 12                    | 29 / 2006              |
|                          | City   | State                      | Zip Code  | Transaction II        | <b>D</b> : 13606043    |
|                          | Belden   | MS                         | 38826   | Amount of Ea          | ch Receipt this Period |
|                          | FEC ID number of contributing federal political committee.   | С                          |   |                       | 125.00                 |
|                          | Name of Employer<br>North Mississippi Medical  | Occupation                 | n   |                       |                        |
|                          | Center - Tup   |                            | Administrator   |                       |                        |
|                          | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |                       |                        |
|                          | Primary ☐ General Other (specify) ▼  |                            | 250.00  |                       |                        |
| s                        | UBTOTAL of Receipts This Page (optional)   |                            |   |                       | 625.00                 |
| _                        |  |                            | -   |                       |                        |
| T                        | OTAL This Period (last page this line number or  | ווy)                       |   |                       |                        |

| See separate schedule(s)   Check only one    heck only one    Check one    Check one    Check one    Check one    Check one    Check on   | SCHEDIII E A /EEC Form 2V)                                     |  | FOR LINE NUMBER: PAGE 149 / 228    |  |  |  |  |  |  |  |
|---|--|--|------------------------------------|--|--|--|--|--|--|--|
| Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contrib for or commercial purposes, other than using the name and address of any political committee to solicit contributions from such common provided in the purpose of soliciting contributions from such common provided in the purpose of soliciting contributions from such common provided in the purpose of soliciting contributions from such common provided in the purpose of soliciting contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of soliciting contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such common provided in the purpose of solicit contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from such contributions from | · ·  |  |                                    |  |  |  |  |  |  |  |
| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit committee.  All Name (Last, First, Middle Initial)  B. Mr. John Chicco  Maling Address 11220 Jefferson Street  City  State  Zip Code  Maling Address  116 Woodgreen Crossing  City  State  Zip Code  Madison  Maling Address 116 Woodgreen Crossing  City  State  Zip Code  Madison  Maling Address  116 Woodgreen Crossing  City  State  Zip Code  Madison  Maling Address  116 Woodgreen Crossing  City  State  Zip Code  Aggregate Year-to-Date  V  12 2 9 2 Y  12 2 9 Y   | ITEMIZED RECEIPTS  |  |                                    |  |  |  |  |  |  |  |
| Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of soliciting contribution for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. Jehn Chizoco  Mailing Address 1220 Jefferson Street  City State Zip Code MS 39440-4374  FEC ID number of contributing federal political committee.  PFEC ID number of contributing federal political committee.  Name of Employer Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  City State Zip Code MS 39110-4522  Transaction ID: 13606495  Amount of Each Receipt this Pack of Receipt For:  Primary General Other (specify) ▼  Cocupation  Mailing Address 116 Woodgreen Crossing  City State Zip Code MS 39110-4522  Transaction ID: 13606495  Amount of Each Receipt this Pack of Receipt For:  Primary General Other (specify) ▼  Cocupation  Mailing Address 116 Woodgreen Crossing  City State Zip Code MS 39110-4522  Transaction ID: 13606495  Amount of Each Receipt this Pack or Receipt For:  Primary General Other (specify) ▼  Cocupation  MS 3910-45899  FEC ID number of contributing federal political committee.  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political c |  | Detailed Summary Page  |                                    |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. John Chloco  Mailing Address 1220 Jefferson Street  City  Laurel  Name of Employer  South Central Regional Medical Recompletion Recompleti | Any information conied from such Reports and Sta               | ements may not be sold or used by any perso  |                                    |  |  |  |  |  |  |  |
| American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. Mr. John Chloco  Mailing Address 1220 Jefferson Street  City  Laurel  MS 39440-4374  FEC ID number of contributing federal political committee.  C C.  Name of Employer South Central Regional Medical Centre Receipt Tomary General  Other (specify) ▼ 275.00  City  Madison  Receipt For:  Name of Employer Madison  Receipt For:  Name of Employer Madison  Receipt For:  Name of Employer Madison  Receipt For:  Name of Employer Madison  Receipt For:  Name of Employer Messessipph Hospital Association  Cocupation  Receipt For:  Name of Employer Messessipph Hospital Association  Cocupation  Receipt For:  Name of Employer Messessipph Hospital Association  C Cocupation  Receipt For:  Primary General  Other (specify) ▼ 275.00  C Cupation  Receipt For:  Primary General  Other (specify) ▼ 275.00  C Cupation  Executive Director, MHEFA  Anount of Each Receipt this P  Aggregate Year-to-Date ▼  Transaction ID: 13606495  Amount of Each Receipt this P  Transaction ID: 13606495  Amount of Each Receipt this P  Transaction ID: 13606495  Amount of Each Receipt this P  C City  State Zip Code  Jackson  MS 39216-4699  FEC ID number of contributing federal political committee.  C C  NS 39216-4699  FEC ID number of contributing federal political committee.  C C  NS 39216-4699  FEC ID number of contributing federal political committee.  C C  NS 39216-4699  Amount of Each Receipt this P  Transaction ID: 13606495  Amount of Each Receipt this P  Transaction ID: 13606495  Amount of Each Receipt this P  Transaction ID: 13606495  Amount of Each Receipt this P  Transaction ID: 13606495  Amount of Each Receipt Type S  Transaction ID: 13606495  Amount of Each Receipt Type S  Transaction ID: 13606495  Amount of Each Receipt Type S  Transaction ID: 13606495  Amount of Each Receipt Type S  Transaction ID: 13606495  Amount of Each Receipt Type S  Transaction ID: 13606495  Tran | or for commercial purposes, other than using the r             | or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. |                                    |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Mr. John Chioco  Malling Address 1220 Jefferson Street  City State Zip Code Laurel MS 39440-4374  FEC ID number of contributing federal political committee.  Name of Employer South Central Regional Me. Associate Executive Director Associate Executive Director Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  B. Mr. Charles L. Harrison  Malling Address 116 Woodgreen Crossing  City State Zip Code Madison MS 39110-4522  FEC ID number of contributing federal political committee.  C C  Name of Employer Manual State Stat | NAME OF COMMITTEE (In Full)                                    |  |                                    |  |  |  |  |  |  |  |
| A. Mr. John Chioco  Mailing Address 1220 Jefferson Street  City State Zip Code Laurel MS 39440-4374  FEC ID number of contributing federal political committee.  Name of Employer State Sign Addison  Receipt For: Primary General Other (specify) ▼  City State Zip Code Associate Executive Director Associate Executive Textor Associate Executive Textor Associate Exec | American Hospital Association PAC                              |  |                                    |  |  |  |  |  |  |  |
| City State Zip Code MS 39440-4374  FEC ID number of contributing rederal political committee.    Name of Employer Substitution of Each Receipt Institution of Each Receip | A. Mr. John Chioco   |  | Date of Receipt                    |  |  |  |  |  |  |  |
| Laurel MS 39440-4374  FEC ID number of contributing rederal political committies.  Name of Employer South Central Hegional Medical Central Receipt Harrison  Mailing Address 116 Woodgreen Crossing  City State Zip Code MS 39110-4522  City State Zip Code MS 39110-4522  Transaction ID: 13606495  Aggregate Year-to-Date ▼  Transaction ID: 13606495  Aggregate Year-to-Date ▼  Transaction ID: 13606495  Aggregate Year-to-Date ▼  Date of Receipt this P  Transaction ID: 13606495  Amount of Each Receipt this P  Date of Receipt MS 39110-4522  Transaction ID: 13606495  Amount of Each Receipt this P  Transaction ID: 13606495  Amount of Each Receipt this P  Date of Receipt MS 39110-4522  Transaction ID: 13606495  Amount of Each Receipt this P  Transaction ID: 13606495  Date of Receipt this P  Date of Receipt MS 39110-4522  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Date of Receipt MS 39216-4699  Transaction ID: 13606496  Amount of Each Receipt this P  Date of Receipt MS 39216-4699  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P   | Mailing Address 1220 Jefferson Street                          |  |                                    |  |  |  |  |  |  |  |
| Laurel MS 39440-4374  FEC ID number of contributing federal political committee.  Name of Employer South Central Rejonal Medical Center Receipt For:  Primary General Other (specify) ▼ 275.00  B. Mr. Charles L. Harrison  Mailing Address 116 Woodgreen Crossing  City State Zip Code Madison  FEC ID number of contributing federal political committee.  Name of Employer Mississippi Hospital Association  Receipt For:  Primary General Other (specify) ▼ 275.00  Date of Receipt  MS 39110-4522  Transaction ID: 13606495  Amount of Each Receipt this P  Date of Receipt  MS 39110-4522  Transaction ID: 13606495  Amount of Each Receipt this P  Date of Receipt  Transaction ID: 13606495  Amount of Each Receipt this P  Date of Receipt  Date of Receipt  Transaction ID: 13606495  Amount of Each Receipt this P  Date of Receipt  Date of Receipt  Transaction ID: 13606496  Amount of Each Receipt this P  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: 13606496  Amount of Each Receipt this P  Date of Receipt  Date of Receipt  Transaction ID: 13606496  Amount of Each Receipt this P  Date of Receipt  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Transaction ID: 1360 | City   | State Zip Code   | Transaction ID: 13606047           |  |  |  |  |  |  |  |
| Receipt For:  | Laurel   | MS 39440-4374  | Amount of Each Receipt this Period |  |  |  |  |  |  |  |
| dical Center   Associated Executive Director   Aggregate Year-to-Date ▼   |  | C  | 125.00                             |  |  |  |  |  |  |  |
| Primary Other (specify) ▼ 275.00    Primary Other (specify) ▼ 275.00    Primary Other (specify) ▼ 275.00    Primary Other (specify) ▼ 275.00    Date of Receipt   | Name of Employer<br>South Central Regional Me-<br>dical Center | •  |                                    |  |  |  |  |  |  |  |
| Tull Name (Last, First, Middle Initial)  B. Mr. Charles L. Harrison Mailing Address 116 Woodgreen Crossing  City Madison  FEC ID number of contributing federal political committee.  Name of Employer Mailing Address 969 Lakeland Drive  City Maling Address 969 Lakeland Drive  City Maling Address 969 Lakeland Drive  City State Zip Code MS 39110-4522  Coccupation Executive Director, MHEFA Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Coccupation Executive Director, MHEFA  Aggregate Year-to-Date ▼  Transaction ID: 13606496  Amount of Each Receipt this P  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Coccupation President Receipt For: Primary General Other (specify) ▼  Coccupation President Receipt For: Primary General Other (specify) ▼  Coccupation President Receipt For: Primary General Other (specify) ▼  Coccupation President Receipt For: Primary General Other (specify) ▼  |  | Aggregate Year-to-Date ▼   |                                    |  |  |  |  |  |  |  |
| Date of Receipt   | — · · · · · · · · · · · · · · · · · · ·                        | 275.00   |                                    |  |  |  |  |  |  |  |
| City  State Zip Code  MS 39110-4522  FEC ID number of contributing federal political committee.  Name of Employer Mississippi Hospital Association.  Receipt For:  Primary General Other (specify) ▼  City  Mailing Address 969 Lakeland Drive  City  Jackson  FEC ID number of contributing federal political committee.  City  State Zip Code  MS 39216-4699  Date of Receipt  Transaction ID: 13606495  Amount of Each Receipt this P  Executive Director, MHEFA  Aggregate Year-to-Date ▼  12 29 2  Transaction ID: 13606495  Amount of Each Receipt this P  Date of Receipt  M M M / 29 2  Transaction ID: 13606496  Amount of Each Receipt this P  Transaction ID: 13606496  Amount of Each Receipt this P  C   |  |  | Date of Receipt                    |  |  |  |  |  |  |  |
| Madison  MS 39110-4522  Amount of Each Receipt this P  FEC ID number of contributing federal political committee.  Name of Employer Mississippi Hospital Association Receipt For:  Primary General Other (specify) ▼  City Malling Address 969 Lakeland Drive  City State Zip Code MS 39216-4699  FEC ID number of contributing federal political committee.  Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For:  Primary General Other (specify) ▼  Coccupation Executive Director, MHEFA  Aggregate Year-to-Date ▼  Date of Receipt  M MS 39216-4699  Transaction ID: 13606496  Amount of Each Receipt this P  Coccupation President  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Occupation President  Aggregate Year-to-Date ▼   | Mailing Address 116 Woodgreen Crossin                          |  |                                    |  |  |  |  |  |  |  |
| Madison  MS 39110-4522  Amount of Each Receipt this P  FEC ID number of contributing federal political committee.  Name of Employer Mississippi Hospital Association Receipt For:  Primary General Other (specify) ▼  C. Mr. Claude W Harbarger Mailing Address 969 Lakeland Drive  PEC ID number of contributing federal political committee.  C. Marme of Employer St. Dominic-Jackson Memorial Hospital Receipt For:  Primary General Occupation  President  Aggregate Year-to-Date ▼  Date of Receipt  M M M J D D D Y Y Y Y D D D Y Y Y Y D D D D Y Y Y Y Y Y D  | City   | City State Zip Code  |                                    |  |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer Mississippi Hospital Association Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. Mr. Claude W Harbarger  Mailing Address 969 Lakeland Drive  City State Zip Code  Jackson MS 39216-4699  FEC ID number of contributing federal political committee.  Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  M M M J D D J Y Y Z D D J Y Y Z D D J J Y Y Z D D J Y Y Z D D D J Y Y Z D D D D D D D D D D D D D D D D D   | Madison  | MS 39110-4522  | Amount of Each Receipt this Period |  |  |  |  |  |  |  |
| Name of Employer   Mississippi Hospital Association   Executive Director, MHEFA   |  |  |                                    |  |  |  |  |  |  |  |
| ciation Receipt For:  | federal political committee.                                   |  | 125.00                             |  |  |  |  |  |  |  |
| Receipt For:  Primary General Other (specify) ▼   |  |  |                                    |  |  |  |  |  |  |  |
| Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Primary General Other (specify) ▼  Pate of Receipt  Date of Receipt  Mailing Address 969 Lakeland Drive  City State Zip Code Jackson MS 39216-4699  FEC ID number of contributing federal political committee.  Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼   |  | <u> </u>   |                                    |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. Mr. Claude W Harbarger  Mailing Address 969 Lakeland Drive  City  State Zip Code  Jackson  FEC ID number of contributing federal political committee.  Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For:  Primary  General  Other (specify) ▼  Date of Receipt  MM M / 29 9 / 29  Transaction ID: 13606496  Amount of Each Receipt this P  2  Aggregate Year-to-Date ▼  252.50  |  |  |                                    |  |  |  |  |  |  |  |
| Mailing Address 969 Lakeland Drive  City State Zip Code  Jackson MS 39216-4699  FEC ID number of contributing federal political committee.  Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For:  Primary General Other (specify) ▼  Date of Receipt  M** M* 1 2 2 9 2  Transaction ID: 13606496  Amount of Each Receipt this P  C  Aggregate Year-to-Date ▼  252.50   | Other (specify) ▼  | 275.00   |                                    |  |  |  |  |  |  |  |
| Mailing Address 969 Lakeland Drive  City State Zip Code  Jackson MS 39216-4699  FEC ID number of contributing federal political committee.  Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  252.50  |  |  | Date of Receipt                    |  |  |  |  |  |  |  |
| City State Zip Code   Jackson MS 39216-4699    FEC ID number of contributing federal political committee.  Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For:  Primary  Other (specify) ▼  State  Zip Code  MS  39216-4699  Amount of Each Receipt this P  C  Occupation  President  Aggregate Year-to-Date  252.50  Transaction ID: 13606496  Amount of Each Receipt this P  252.50  Aggregate Year-to-Date ▼  252.50  Aggregate Year-to-Date ▼  252.50  Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  |  |  | M M / D D / Y Y Y Y                |  |  |  |  |  |  |  |
| Jackson MS 39216-4699   FEC ID number of contributing federal political committee. C    Amount of Each Receipt this P  C  Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  252.50  Amount of Each Receipt this P  Aggregate Teach Receipt this P  252.50  Amount of Each Receipt this P  252.50  Amount of Each Receipt this P  252.50  Amount of Each Receipt this P  253.50  Amount of Each Receipt this P  253.50  Amount of Each Receipt this P  254.50  Amount of Each Receipt this P  255.50  Amount of Each Receipt this P  255.50  Amount of Each Receipt this P  255.50  Amount of Each Receipt this P  256.50  Amount of Each Receipt this P  257.50  Amount of Each Receipt this P  258.50  Amount of Each Receipt this P  258.50  Amount of Each Receipt this P  259.50  Amount of Each Receipt this P  250.50  Amount of   | City   | State Zip Code   |                                    |  |  |  |  |  |  |  |
| Name of Employer St. Dominic-Jackson Memorial Hospital Receipt For:  Primary  Other (specify)   Occupation President  Aggregate Year-to-Date  252.50  | -  | -  | Amount of Each Receipt this Period |  |  |  |  |  |  |  |
| St. Dominic-Jackson Memorial Hospital Receipt For:  Primary General Other (specify) ▼  President  Aggregate Year-to-Date ▼  252.50  |  | C  | 250.00                             |  |  |  |  |  |  |  |
| Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  252.50   | St. Dominic-Jackson Memor-                                     | St. Dominic-Jackson Memor-   |                                    |  |  |  |  |  |  |  |
| Other (specify) ▼ 252.50  |  | Aggregate Year-to-Date ▼   | 1                                  |  |  |  |  |  |  |  |
| Office (specify)  | Primary General  | 050 50   |                                    |  |  |  |  |  |  |  |
|   | ☐ Other (specify) ▼  | 252.50   |                                    |  |  |  |  |  |  |  |
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| SUBTOTAL of Receipts This Page (optional)   | SUBTOTAL of Receipts This Page (optional)                      | <b>&gt;</b>  | 500.00                             |  |  |  |  |  |  |  |

TOTAL This Period (last page this line number only) .....

| S                 | CHEDULE A (FEC Form 3X)   |  | Use separate schedule(s)                                     | FOR LINE NUMBER: PAGE 150 / 228                                  |  |  |
|-------------------|---|--|--|--|--|--|
| ITEMIZED RECEIPTS |   | or each category of the  |  | (check only one)   |  |  |
|                   |   |  | Detailed Summary Page  | X   11a   11b   11c   12   15   16   17                          |  |  |
| Δη                | y information copied from such Reports and S  | tatemente mai  | y not be sold or used by any ners                            |  |  |  |
| or                | for commercial purposes, other than using the   | o solicit contributions from such committee.                           |  |  |  |  |
| $\setminus$       | NAME OF COMMITTEE (In Full)   |  |  |  |  |  |
|                   | American Hospital Association PAC   |  |  |  |  |  |
| A.                | Full Name (Last, First, Middle Initial) Mr. Chris Anderson  |  |  | Date of Receipt  |  |  |
|                   | Mailing Address 2809 Denny Avenue   |  |  | 12 29 2006   |  |  |
|                   | City  | State  | Zip Code   | Transaction ID: 13606497   |  |  |
|                   | Pascagoula  | MS   | 39581-5300   | Amount of Each Receipt this Period                               |  |  |
|                   | FEC ID number of contributing federal political committee.  | C  |  | 250.00   |  |  |
|                   | Name of Employer<br>Singing River Hospital Sy-<br>stem  | Occupation<br>Chief Exe  | n<br>ecutive Officer   |  |  |  |
|                   | Receipt For:  | Aggregate  | Year-to-Date ▼   |  |  |  |
|                   | Primary General Other (specify) ▼   |  | 250.00   |  |  |  |
| В.                | Full Name (Last, First, Middle Initial)<br>Mr. Hal W Leftwich, , FACHE  |  |  | Date of Receipt  |  |  |
|                   | Mailing Address P O Box 2790  |  | 1 2 2 9 2 0 0 6  |  |  |  |
|                   | City  | State  | Zip Code   | Transaction ID: 13606499   |  |  |
|                   | Bay St Louis  | MS   | 39521-2790   | Amount of Each Receipt this Period                               |  |  |
|                   |   |  |  |  |  |  |
|                   | FEC ID number of contributing federal political committee.  | C  |  | 250.00   |  |  |
|                   |   | Occupation<br>Administr  |  | 250.00   |  |  |
|                   | federal political committee.  Name of Employer  | Occupation<br>Administr  |  | 250.00   |  |  |
|                   | Name of Employer Hancock Medical Center   | Occupation<br>Administr  | ator   | 250.00   |  |  |
|                   | Federal political committee.  Name of Employer Hancock Medical Center  Receipt For: Primary General   | Occupation<br>Administr  | rator<br>Year-to-Date ▼                                      | Date of Receipt  |  |  |
|                   | federal political committee.  Name of Employer Hancock Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  | Occupation<br>Administr  | rator<br>Year-to-Date ▼                                      |  |  |  |
| c.                | federal political committee.  Name of Employer Hancock Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Calvin D Johnson  Mailing Address P O Box 188  City  | Occupation Administr Aggregate State                                   | rator<br>Year-to-Date ▼                                      | Date of Receipt  |  |  |
| C.                | federal political committee.  Name of Employer Hancock Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Calvin D Johnson  Mailing Address P O Box 188  | Occupation<br>Administr<br>Aggregate                                   | rator Year-to-Date ▼  250.00                                 | Date of Receipt  12 29 2006                                      |  |  |
| c.                | federal political committee.  Name of Employer Hancock Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Calvin D Johnson  Mailing Address P O Box 188  City  | Occupation Administr Aggregate State                                   | rator Year-to-Date ▼  250.00  Zip Code                       | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y |  |  |
| <br>C.            | federal political committee.  Name of Employer Hancock Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Calvin D Johnson  Mailing Address P O Box 188  City  Kilmichael  FEC ID number of contributing  | Occupation Administration Aggregate  State MS  C                       | Zip Code 39747-0188  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |
| C.                | federal political committee.  Name of Employer Hancock Medical Center  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Calvin D Johnson  Mailing Address P O Box 188  City Kilmichael  FEC ID number of contributing federal political committee.  Name of Employer Kilmichael Hospital  Receipt For:                    | Occupation Administration Aggregate  State MS  C  Occupation Chief Exe | Zip Code 39747-0188  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |
| c.                | federal political committee.  Name of Employer Hancock Medical Center  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Calvin D Johnson  Mailing Address P O Box 188  City Kilmichael  FEC ID number of contributing federal political committee.  Name of Employer Kilmichael Hospital                                  | Occupation Administration Aggregate  State MS  C  Occupation Chief Exe | Zip Code 39747-0188  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |
|                   | federal political committee.  Name of Employer Hancock Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Calvin D Johnson  Mailing Address P O Box 188  City  Kilmichael  FEC ID number of contributing federal political committee.  Name of Employer Kilmichael Hospital  Receipt For:  Primary General | State MS  C  Occupation Chief Exe Aggregate                            | Zip Code 39747-0188  Cecutive Officer Year-to-Date ▼  250.00 | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |  |

|                      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                         | Use separate schedule(s) or each category of the                          | FOR LINE NUMBER: PAGE 151 / 228 (check only one)             |
|----------------------|---|-------------------------|---|--|
| •                    |   |                         | Detailed Summary Page   | X   11a   11b   11c   12   15   16   17                      |
| An<br>or             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may            | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions                |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                     |                         |   |  |
| ⁄<br><b>\</b> .      | Full Name (Last, First, Middle Initial) Mr. Phil E. Matthews                                      |                         |   | Date of Receipt  |
|                      | Mailing Address 419 Natural Resources   | Drive                   |   | 12 20 7 2006   |
|                      | City Little Rock  | State<br>AR             | Zip Code<br>72205-1576  | Transaction ID: 13607387  Amount of Each Receipt this Period |
|                      | FEC ID number of contributing federal political committee.  | C                       | 72203-1370  | 325.00   |
|                      | Name of Employer<br>Arkansas Hospital Associa-<br>tion  | Occupation<br>Presiden  | t & CEO   |  |
|                      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate               | e Year-to-Date ▼<br>650.00  |  |
| 3.                   | Full Name (Last, First, Middle Initial) Mr. Lee A Simpson   |                         |   | Date of Receipt  |
|                      | Mailing Address 21 Bridgeway Road   |                         |   | 12 20 7 2006   |
|                      | City  | State                   | Zip Code  | Transaction ID: 13607388                                     |
|                      | North Little Rock  FEC ID number of contributing federal political committee.                     | AR                      | 72113-9514  | Amount of Each Receipt this Period  162.50                   |
|                      | Name of Employer<br>BridgeWay, The  | Occupation<br>Chief Exe | n<br>ecutive Officer and Managing   | <br>g ₽  |
|                      | Receipt For:  Primary General  Other (specify) ▼  | Aggregate               | e Year-to-Date ▼ 365.60   |  |
| <br>C.               | Full Name (Last, First, Middle Initial) Mr. Paul Cunningham                                       |                         |   | Date of Receipt  |
|                      | Mailing Address 419 Natural Resources   | Drive                   |   | 1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                  |
|                      | City<br>Little Rock   | State<br>AR             | Zip Code<br>72205-1576  | Transaction ID: 13607389  Amount of Each Receipt this Period |
|                      | FEC ID number of contributing federal political committee.  | C                       | 72203-1370  | 325.00   |
|                      | Name of Employer<br>Arkansas Hospital Associa-<br>tion  |                         | ice President   |  |
|                      | Receipt For: Primary General Other (specify)  | Aggregate               | e Year-to-Date ▼ 325.00   |  |
| S                    | UBTOTAL of Receipts This Page (optional)  |                         |   | 812.50   |
| T                    | OTAL This Period (last page this line number o  | nly)                    |   |  |

| SCHEDULE A (FEC Form 3X) |  |                         | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 152 / 228               |
|--------------------------|--|-------------------------|-------------------------------------|---|
| ITEMIZED RECEIPTS        |  |                         | or each category of the             | (check only one)  X 11a  11b  11c  12         |
| •                        |  |                         | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17       |
| Ar                       | y information copied from such Reports and State               | ments may               | not be sold or used by any perso    | n for the purpose of soliciting contributions |
| or                       | for commercial purposes, other than using the nar              | ne and add              | dress of any political committee to | solicit contributions from such committee.    |
| \                        | NAME OF COMMITTEE (In Full)                                    |                         |                                     |   |
| /                        | American Hospital Association PAC                              |                         |                                     | _   |
| ۹.                       | Full Name (Last, First, Middle Initial)<br>Mr. Michael D. Helm |                         |                                     | Date of Receipt                               |
|                          | Mailing Address Post Office Box 17006                          |                         |                                     | 12 20 2006                                    |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13607390                      |
|                          | Fort Smith   | AR                      | 72917-7006                          | Amount of Each Receipt this Period            |
|                          | FEC ID number of contributing federal political committee.     | C                       |                                     | 121.88  |
|                          | Sparks Regional Medical  | Occupation<br>President |                                     |   |
|                          | Certer   |                         | Year-to-Date <b>V</b>               | -   |
|                          | Primary General  | 33 -3                   |                                     |   |
|                          | Other (specify) ▼  | 0 0                     | 324.98                              |   |
| 3.                       | Full Name (Last, First, Middle Initial) Mr. Timothy E Hill     |                         |                                     | Date of Receipt                               |
|                          | Mailing Address 620 North Willow Street                        |                         |                                     | 12 20 7 2006                                  |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13607391                      |
|                          | Harrison   | AR                      | 72601-2994                          | Amount of Each Receipt this Period            |
|                          | FEC ID number of contributing federal political committee.     | C                       |                                     | 162.50  |
|                          | North Arkansas Regional  | Occupation              |                                     |   |
|                          | Medical Center   |                         | and Chief Executive Officer         |   |
|                          | Receipt For: Primary General                                   | Aggregate               | Year-to-Date ▼                      |   |
|                          | Other (specify)  |                         | 325.00                              |   |
|                          | Full Name (Last, First, Middle Initial)                        |                         |                                     |   |
| Э.                       | Ms. Mary Krinkie   |                         |                                     | Date of Receipt                               |
|                          | Mailing Address 2550 University Avenue W<br>Suite 350-S        | ٧.                      |                                     | 12 29 2006                                    |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13611006                      |
|                          | Saint Paul   | MN                      | 55114-1052                          | Amount of Each Receipt this Period            |
|                          | FEC ID number of contributing federal political committee.     | С                       |                                     | 264.99  |
|                          | Name of Employer<br>Minnesota Hospital Associ-                 | Occupation              | 1                                   |   |
|                          | ation  | Vice Pres               |                                     |   |
|                          |  | Aggregate               | Year-to-Date ▼                      |   |
|                          | Primary General Other (specify) ▼                              |                         | 514.99                              |   |
| _<br>s                   | UBTOTAL of Receipts This Page (optional)                       |                         |                                     | 549.37  |
|                          | 1 3- (-1   |                         | <u>*</u>                            |   |
| T                        | OTAL This Period (last nage this line number only              | <b>/</b> )              | •                                   |   |

| SCHEDULE A (FEC Form 3X)  |   |  | Use separate schedule(s)          | FOR LINE NUMBER: PAGE 153 / 228         |  |  |
|---|---|--|-----------------------------------|---|--|--|
| ITEMIZED RECEIPTS   |   | or each category of the                    |                                   | (check only one)                        |  |  |
| ••  | EMIZED RECEIL TO  |  | Detailed Summary Page             | X   11a   11b   11c   12   15   16   17 |  |  |
| Ar  | y information copied from such Reports and St               | atements may                               | not be sold or used by any person |   |  |  |
| or  | for commercial purposes, other than using the               | solicit contributions from such committee. |                                   |   |  |  |
| Λ   | NAME OF COMMITTEE (In Full)                                 |  |                                   |   |  |  |
|   | American Hospital Association PAC                           |  |                                   |   |  |  |
| A.  | Full Name (Last, First, Middle Initial) Ms. Susan L Stout   |  |                                   | Date of Receipt                         |  |  |
|   | Mailing Address 1538 Lake Lucas Road                        |  |                                   | 12 29 2006                              |  |  |
|   | City  | State                                      | Zip Code                          | Transaction ID: 13611008                |  |  |
|   | Asheboro  | NC   | 27205-2684                        | Amount of Each Receipt this Period      |  |  |
|   | FEC ID number of contributing federal political committee.  | C  |                                   | 295.00                                  |  |  |
|   | Name of Employer<br>Randolph Hospital                       | Occupation<br>Clinical D                   | n<br>Director, RN                 |   |  |  |
|   | Receipt For:  | Aggregate                                  | e Year-to-Date ▼                  |   |  |  |
|   | Primary General   |  | 295.00                            | 7                                       |  |  |
|   | Other (specify) ▼   | 0 0  |                                   |   |  |  |
| В.  | Full Name (Last, First, Middle Initial)<br>Mr. David R Page |  |                                   | Date of Receipt                         |  |  |
|   | Mailing Address 2450 Riverside Avenue                       |  |                                   | 12 29 2006                              |  |  |
|   | City State  |  | Zip Code                          | Transaction ID: 13611011                |  |  |
|   | Minneapolis   | MN   | 55454-1400                        | Amount of Each Receipt this Period      |  |  |
|   | FEC ID number of contributing federal political committee.  | C  |                                   | 1000.00                                 |  |  |
|   | Name of Employer<br>Fairview Health Services                | Occupation<br>President                    | n<br>t and Chief Executive Office | r                                       |  |  |
|   | Receipt For:  | Aggregate                                  | e Year-to-Date ▼                  |   |  |  |
|   | Primary General   |  | 1000.00                           | 1                                       |  |  |
|   | Other (specify) ▼   | 0 0  | 1000.00                           |   |  |  |
| С.  | Full Name (Last, First, Middle Initial) Mr. Richard Kreyer  |  |                                   | Date of Receipt                         |  |  |
| U.  | Mailing Address 2550 University Avenue                      | 2 W  |                                   | M M / D D / Y Y Y Y                     |  |  |
|   |   |  |                                   | 12 29 2006                              |  |  |
|   | City  | State                                      | Zip Code                          | Transaction ID: 13611012                |  |  |
|   | Saint Paul  | MN   | 55114-1052                        | Amount of Each Receipt this Period      |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer Minnesota Hospital Association |   | C  |                                   | 60.00                                   |  |  |
|   |   | Occupation Vice Pres                       | n<br>sident, Labor Relations      |   |  |  |
|   | Receipt For:  |  | e Year-to-Date ▼                  |   |  |  |
|   | Primary General   |  | 250.00                            | 1                                       |  |  |
| _   | Other (specify) ▼   | 0 0  |                                   |   |  |  |
| s   | UBTOTAL of Receipts This Page (optional)                    |  |                                   | 1355.00                                 |  |  |
|   |   |  |                                   |   |  |  |
| T   | OTAL This Period (last page this line number of             |  |                                   |   |  |  |

| SCHEDULE A (FEC Form 3X)   |                                     | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 154 / 228  |
|--|-------------------------------------|---|--|
| ITEMIZED RECEIPTS  |                                     | or each category of the Detailed Summary Page                       | (check only one)    X   11a  |
| Any information copied from such Reports and S or for commercial purposes, other than using the          | tatements may                       | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions                            |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC  |                                     |   |  |
| Full Name (Last, First, Middle Initial)  Ms. Tania Daniels  Mailing Address 2550 University Avenu        | e W.                                |   | Date of Receipt  1 2 2 9 2 0 0 6   |
| City<br>Saint Paul   | State<br>MN                         | Zip Code<br>55114-1052  | Transaction ID: 13611014  Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.   | С                                   |   | 125.00   |
| Name of Employer Minnesota Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼    |                                     | Health Policy Year-to-Date ▼ 250.00                                 |  |
| Full Name (Last, First, Middle Initial)  Mr. Matthew Anderson, JD  Mailing Address 2550 University Avenu | e W.                                |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y           |
| City   | State                               | Zip Code  | Transaction ID: 13611015   |
| Saint Paul   | MN                                  | 55114-1052  | Amount of Each Receipt this Period                                       |
| FEC ID number of contributing federal political committee.   | C                                   |   | 120.00   |
| Name of Employer Minnesota Hospital Association Receipt For:  ☐ Primary ☐ General  Other (specify) ▼     |                                     | n<br>s, Regulatory/Strategic Affair<br>e Year-to-Date ▼<br>390.00   |  |
| Full Name (Last, First, Middle Initial)  |                                     |   | Police ( Provide)  |
| Mr. Bruce J. Rueben  Mailing Address 4885 Pheasant Court S   | South                               |   | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y |
| City<br><u>A</u> fton  | State<br>MN                         | Zip Code  | Transaction ID: 13611018   |
| FEC ID number of contributing federal political committee.   | C                                   | 55001-9415  | Amount of Each Receipt this Period  231.00                               |
| Name of Employer Minnesota Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼    | Occupation<br>Presiden<br>Aggregate |   |  |
| SUBTOTAL of Receipts This Page (optional)  |                                     |   | 476.00   |
| TOTAL This Period (last page this line number  | only)                               | <b>&gt;</b>   |  |

| S               | CHEDULE A (FEC Form 3X)   |                              | 11  | FOR LINE NUMBER: PAGE 155 / 228   |
|-----------------|---|------------------------------|---|---|
|                 |   |                              | Use separate schedule(s)<br>or each category of the                     | (check only one)  |
| 11              | EMIZED RECEIPTS   |                              | Detailed Summary Page   | X 11a 11b 11c 12  |
| _               |   |                              |   | 13 14 15 16 17  |
| An<br>or        | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | itements may<br>lame and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)   |                              |   |   |
| $\rangle$       | American Hospital Association PAC   |                              |   |   |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Mr. Mark Sonneborn                                     |                              |   | Date of Receipt   |
|                 | Mailing Address 2550 University Avene   |                              |   | 12 29 2006  |
|                 | City  | State                        | Zip Code  | Transaction ID: 13611020  |
|                 | St. Paul  | MN                           | 55114   | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C                            |   | 120.00  |
|                 | Name of Employer<br>Minnesota Hospital Associ-<br>ation   | Occupation<br>Vice Pres      | n<br>Sident of Information Service                                      | s   |
|                 | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |
|                 | Primary General   |                              | 820.00  |   |
|                 | Other (specify) ▼   | 0 0                          | 020.00  |   |
| 3.              | Full Name (Last, First, Middle Initial)<br>Mr. Frank Lossi  |                              |   | Date of Receipt   |
|                 | Mailing Address 200 First Street, SW  | 12 29 2006                   |   |   |
|                 | City  | State                        | Zip Code  | Transaction ID: 13611031  |
|                 | Rochester   | MN                           | 55905-0001  | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | С                            |   | 4000.00   |
|                 | Name of Employer<br>Mayo Clinic   | Occupation Director S        | n<br>State Government Relations   |   |
|                 | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |
|                 | Primary General   |                              | 4000.00   |   |
|                 | Other (specify)   | 0 0                          |   |   |
| Э.              | Full Name (Last, First, Middle Initial)<br>Mr. James F Hanko                                      |                              |   | Date of Receipt   |
|                 | Mailing Address 1300 Anne Street NW   |                              |   | 12 29 7 2006  |
|                 | City  | State                        | Zip Code  | Transaction ID: 13611032  |
|                 | Bemidji   | MN                           | 56601-5103  | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C                            |   | 90.91   |
|                 | Name of Employer<br>North Country Regional Ho-  | Occupation                   |   |   |
|                 | spital Receipt For:   | 1                            | t and Chief Executive Officer e Year-to-Date                            |   |
|                 | Primary General   | Aggregate                    | r rear-to-date V  | 1   |
|                 | Other (specify) ▼   | 0 0                          | 982.12  |   |
| s               | UBTOTAL of Receipts This Page (optional)  |                              |   | 4210.91   |
|                 |   |                              | <u> </u>  |   |
| T               | OTAL This Period (last page this line number or   | nly)                         | <b>&gt;</b>   |   |

| S             | CHEDULE A (FEC Form 3X)   |                              | Use separate schedule(s)   |   | PAGE 156 / 228 |
|---------------|---|------------------------------|--|---|----------------|
|               | EMIZED RECEIPTS   |                              | or each category of the  | (check only one)  |                |
| ••            | LIMIZED RECEIP 13   |                              | Detailed Summary Page  |   | 11c   12       |
| Λ             | winformation against from a calc Danage and Ch  |                              |  |   | 15 16 17       |
| or            | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may<br>name and add | rnot be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting solicit contributions from suc | ch committee.  |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                              |  |   |                |
| $\rangle$     | American Hospital Association PAC   |                              |  |   |                |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Mr. Jack Breviu  |                              |  | Date of Receipt   |                |
|               | Mailing Address 150 South Fifth Street  |                              |  | 12 / 29 /   | 2006           |
|               | City  | State                        | Zip Code   | Transaction ID: 1361  | 1035           |
|               | Minneapolis   | MN                           | 55402-4200   | Amount of Each Recei  | pt this Period |
|               | FEC ID number of contributing federal political committee.  | С                            |  |   | 125.00         |
|               | Name of Employer<br>Leonard, Street and Deina-<br>rd, P.A.  | Occupation<br>Legal Co       |  |   |                |
|               | Receipt For:  |                              | e Year-to-Date ▼   |   |                |
|               | Primary General   | 1 1                          | 250.00   | 1   |                |
|               | Other (specify) 🔻   | 0 0                          | 250.00   |   |                |
| 3.            | Full Name (Last, First, Middle Initial)<br>Mr. James F Hanko                                      |                              |  | Date of Receipt   |                |
|               | Mailing Address 1300 Anne Street NW   | 12 / 29                      | 2006   |   |                |
|               | City  | State Zip Code               |  |   | 1036           |
|               | Bemidji   | MN                           | 56601-5103   | Amount of Each Recei  | pt this Period |
|               | FEC ID number of contributing federal political committee.  | С                            |  |   | 90.91          |
|               | Name of Employer<br>North Country Regional Ho-<br>spital  | Occupation<br>President      | n<br>t and Chief Executive Office  | r   |                |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼   |   |                |
|               | Primary General   |                              | 1073.03  | 1   |                |
|               | Other (specify) ▼   | 0 0                          | 1073.00  | J   |                |
| Э.            | Full Name (Last, First, Middle Initial) Mr. Ben Koppelman   |                              |  | Date of Receipt   |                |
|               | Mailing Address Albany Area Hospital 300 Third Avenue   |                              | 71.0   | 12 29   | 2006           |
|               | City  | State                        | Zip Code   | Transaction ID: 1361  |                |
|               | Albany  | MN                           | 56307  | Amount of Each Recei  | ot this Period |
|               | FEC ID number of contributing federal political committee.  | C                            |  |   | 125.00         |
|               | Name of Employer<br>Albany Area Hospital and  | Occupation                   | n  |   |                |
|               | Medical Cente   | Administ                     |  |   |                |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼   | _   |                |
|               | Primary General Other (specify) ▼   | ' '                          | 325.00   |   |                |
|               | Strict (specify) \  |                              | 0 0 0 0 0 0 0  | 1   |                |
| s             | UBTOTAL of Receipts This Page (optional)  |                              |  |   | 340.91         |
| _             |   |                              |  |   |                |
| - 1           | OTAL This Period (last page this line number o  | rııy)                        |  |   |                |

| SCHEDULE A (FEC Form 3X) |  | Use separate schedule(s) | FOR LINE NUMBER: PAGE 157 / 228     |                              |                  |
|--------------------------|--|--------------------------|-------------------------------------|------------------------------|------------------|
| ITEMIZED RECEIPTS        |  |                          | or each category of the             | (check only one)             | . —              |
| •••                      | LIMIZED RECEIL 13  |                          | Detailed Summary Page               | X 11a 11b                    | 11c   12         |
| ۸۰                       | y information copied from such Reports and St                | otomonto mo              | , not be cold or used by any parce  | n for the purpose of colicit | 15 16 17         |
| or                       | for commercial purposes, other than using the                | name and add             | dress of any political committee to | solicit contributions from s | such committee.  |
|                          | NAME OF COMMITTEE (In Full)                                  |                          |                                     |                              |                  |
| $\rangle$                | American Hospital Association PAC                            |                          |                                     |                              |                  |
| _                        | Full Name (Last, First, Middle Initial)                      |                          |                                     | 5                            |                  |
| Α.                       | Mr. Daniel McInerney, Jr.                                    |                          |                                     | Date of Receipt              |                  |
|                          | Mailing Address 150 South Fifth Street Suite 2300            |                          |                                     | 12 29                        | 2006             |
|                          | City   | State                    | Zip Code                            | Transaction ID: 13           |                  |
|                          | Minneapolis  | MN                       | 55402-4200                          | Amount of Each Rec           |                  |
|                          | FEC ID number of contributing federal political committee.   | C                        |                                     |                              | 125.00           |
|                          | Name of Employer<br>Leonard, Street & Deinard,               | Occupation               | n<br>ealth Law Department           |                              |                  |
|                          | PA Receipt For:  |                          | Year-to-Date ▼                      | -                            |                  |
|                          | Primary General  | 7.99.094.0               |                                     |                              |                  |
|                          | Other (specify) ▼  |                          | 520.00                              |                              |                  |
| —<br>В.                  | Full Name (Last, First, Middle Initial) Mr. Carl P Vaagenes  |                          |                                     | Date of Receipt              |                  |
|                          | Mailing Address 815 Second Street SE                         |                          |                                     | 12 29                        | 2006             |
|                          | City   | State                    | Zip Code                            | Transaction ID: 130          | 611040           |
|                          | Little Falls   | MN                       | 56345-3596                          | Amount of Each Red           | eipt this Period |
|                          | FEC ID number of contributing federal political committee.   | C                        |                                     |                              | 125.00           |
|                          | Name of Employer<br>St. Gabriel's Hospital                   | Occupation<br>President  | n<br>t and Chief Executive Officer  |                              |                  |
|                          | Receipt For:   | Aggregate                | e Year-to-Date ▼                    |                              |                  |
|                          | Primary General Other (specify) ▼                            |                          | 250.00                              |                              |                  |
|                          |  |                          |                                     |                              |                  |
| C.                       | Full Name (Last, First, Middle Initial)<br>Mr. Stephen Baron |                          |                                     | Date of Receipt              |                  |
|                          | Mailing Address 7335 East Orchard Roa<br>Suite 100           | ad                       |                                     | 1 2 2 9                      | 2006             |
|                          | City   | State                    | Zip Code                            | Transaction ID: 13           | 611128           |
|                          | Englewood  | CO                       | 80111-2582                          | Amount of Each Red           | eipt this Period |
|                          | FEC ID number of contributing federal political committee.   | C                        |                                     |                              | 125.00           |
|                          | Name of Employer<br>Colorado Hospital Associa-<br>tion       | Occupation Director      | n                                   | 7                            |                  |
|                          | Receipt For:   |                          | e Year-to-Date ▼                    |                              |                  |
|                          | Primary General  |                          | 050.00                              |                              |                  |
|                          | Other (specify) ▼  | 0 0                      | 250.00                              |                              |                  |
| s                        | UBTOTAL of Receipts This Page (optional)                     |                          |                                     |                              | 375.00           |
| $\vdash$                 |  |                          | •                                   |                              |                  |
| T                        | OTAL This Period (last page this line number of              | only)                    |                                     |                              |                  |

| S                 | CHEDULE A (FEC Form 3X)   |                         | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 158 / 228                  |
|-------------------|---|-------------------------|-------------------------------------|--|
| ITEMIZED RECEIPTS |   | or each category of the |                                     | (check only one)                                 |
| ••                |   |                         | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17          |
| Δr                | y information copied from such Reports and State                | amente may              | y not be sold or used by any perso  | <del>                                     </del> |
| or                | for commercial purposes, other than using the na                | me and add              | dress of any political committee to | o solicit contributions from such committee.     |
| $\setminus$       | NAME OF COMMITTEE (In Full)                                     |                         |                                     |  |
|                   | American Hospital Association PAC                               |                         |                                     |  |
| A.                | Full Name (Last, First, Middle Initial)<br>Mr. Scott Anderson   |                         |                                     | Date of Receipt                                  |
|                   | Mailing Address 7335 East Orchard Road                          |                         |                                     | 12 29 2006                                       |
|                   | City  | State                   | Zip Code                            | Transaction ID: 13611129                         |
|                   | Greenwood Village   | CO                      | 80111-2582                          | Amount of Each Receipt this Period               |
|                   | FEC ID number of contributing federal political committee.      | C                       |                                     | 125.00   |
|                   | Name of Employer<br>Colorado Hospital Associa-<br>tion          | Occupation<br>Vice Pres | n<br>sident of Professional Activit |  |
|                   | Receipt For:  | Aggregate               | Year-to-Date ▼                      |  |
|                   | Primary General Other (specify) ▼                               |                         | 250.00                              |  |
| В.                | Full Name (Last, First, Middle Initial) Ms. Marty Arizumi       |                         |                                     | Date of Receipt                                  |
|                   | Mailing Address 7335 East Orchard Road #100                     |                         |                                     | 12 29 2006                                       |
|                   | City  | State                   | Zip Code                            | Transaction ID: 13611130                         |
|                   | Englewood   | CO                      | 80111-2582                          | Amount of Each Receipt this Period               |
|                   | FEC ID number of contributing federal political committee.      | C                       |                                     | 250.00   |
|                   | Name of Employer<br>Colorado Hospital Associa-                  | Occupation Vice Pres    | n<br>sident of Policy Analysis      |  |
|                   | tion   Receipt For:   |                         | Year-to-Date ▼                      |  |
|                   | Primary General   |                         | 500.00                              | 1  |
|                   | Other (specify) ▼   | 0 0                     | 500.00                              |  |
| C.                | Full Name (Last, First, Middle Initial)<br>Mr. Peter D. Freytag |                         |                                     | Date of Receipt                                  |
|                   | Mailing Address 151 West Oak Hills Drive                        | )                       |                                     | 12 29 2006                                       |
|                   | City  | State                   | Zip Code                            | Transaction ID: 13611131                         |
|                   | Castle Rock   | CO                      | 80108-9260                          | Amount of Each Receipt this Period               |
|                   | FEC ID number of contributing federal political committee.      | C                       |                                     | 250.00   |
|                   | Name of Employer<br>Colorado Hospital Associa-<br>tion          |                         | sident and COO                      |  |
|                   | Receipt For:  | Aggregate               | Year-to-Date ▼                      |  |
|                   | Primary General Other (specify) ▼                               | 0 0                     | 500.00                              | ]  |
| s                 | UBTOTAL of Receipts This Page (optional)                        |                         |                                     | 625.00   |
|                   | OTAL This Period (last page this line number onl                | w                       |                                     |  |

| S         | CHEDULE A (FEC Form 3X)                                       |                       | Use separate schedule(s)                         | FOR LINE NUMBER:                    | PAGE 159 / 228     |
|-----------|---|-----------------------|--|-------------------------------------|--------------------|
|           | EMIZED RECEIPTS   |                       | or each category of the<br>Detailed Summary Page | (check only one)  X 11a 11b 1 13 14 | 11c                |
| Ar        | y information copied from such Reports and State              | ements may            | not be sold or used by any perso                 | on for the purpose of solici        | ting contributions |
| or        | for commercial purposes, other than using the na              | ime and add           | aress or any political committee to              | Solicit contributions from s        | such committee.    |
| $\rangle$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC |                       |  |                                     |                    |
| Α.        | Full Name (Last, First, Middle Initial)<br>Ms. Sandy Merrill  |                       |  | Date of Receipt                     |                    |
|           | Mailing Address 2776 E. Irish Place                           |                       |  | 12 / 29                             | 2006               |
|           | City  | State                 | Zip Code   | Transaction ID: 13                  | 611132             |
|           | Centennial  | CO                    | 80122-3321                                       | Amount of Each Re                   | ceipt this Period  |
|           | FEC ID number of contributing federal political committee.    | C                     |  |                                     | 125.00             |
|           | Name of Employer<br>Colorado Hospital Associa-<br>tion        | Occupation Director   | n<br>of Education                                |                                     |                    |
|           | Receipt For:  | Aggregate             | Year-to-Date ▼                                   |                                     |                    |
|           | Primary General Other (specify) ▼                             |                       | 250.00   |                                     |                    |
| В.        |   |                       |  | Date of Receipt                     |                    |
|           | Mailing Address 1268 Pomegranate Lane                         |                       |  | 12 29                               | 2006               |
|           | City  | State                 | Zip Code   | Transaction ID: 13                  | 611133             |
|           | Golden  | CO                    | 80401-9222                                       | Amount of Each Re                   | ceipt this Period  |
|           | FEC ID number of contributing federal political committee.    | С                     |  |                                     | 125.00             |
|           | Name of Employer<br>Colorado Hospital Associa-<br>tion        | Occupation Director I | n<br>Data Bank Services                          |                                     |                    |
|           | Receipt For:  | Aggregate             | Year-to-Date ▼                                   |                                     |                    |
|           | Primary General Other (specify) ▼                             | 1 1                   | 250.00   |                                     |                    |
| <u> </u>  | Full Name (Last, First, Middle Initial) Ms. Susan Rudy        |                       |  | Date of Receipt                     |                    |
|           | Mailing Address 7335 East Orchard Road Suite 100              |                       |  | 12 / 29                             | 2006               |
|           | City  | State                 | Zip Code   | Transaction ID: 13                  |                    |
|           | Englewood   | CO                    | 80111-2582                                       | Amount of Each Re                   | ceipt this Period  |
|           | FEC ID number of contributing federal political committee.    | С                     |  |                                     | 125.00             |
|           | Name of Employer<br>Colorado Hospital Associa-<br>tion        |                       | tor of Advocacy Services                         |                                     |                    |
|           | Receipt For:  | Aggregate             | Year-to-Date ▼                                   |                                     |                    |
|           | Primary General Other (specify) ▼                             |                       | 250.00   |                                     |                    |
| s         | UBTOTAL of Receipts This Page (optional)                      |                       |  |                                     | 375.00             |
| Т         | OTAL This Period (last page this line number on               | ly)                   |  |                                     |                    |

| S                | CHEDULE A (FEC Form 3X)                                      |                         | Use separate schedule(s)            | FOR LINE NUMBER:           | PAGE 160 / 228           |
|------------------|--|-------------------------|-------------------------------------|----------------------------|--------------------------|
| TEMIZED RECEIPTS |  |                         | or each category of the             | (check only one)           | ] □o                     |
| •                |  |                         | Detailed Summary Page               | X 11a 11b 1                | 11c   12<br>15   16   17 |
| Ar               | y information copied from such Reports and Sta               | atements may            | not be sold or used by any perso    |                            |                          |
| or               | for commercial purposes, other than using the r              | name and add            | dress of any political committee to | solicit contributions from | such committee.          |
| $\overline{\ }$  | NAME OF COMMITTEE (In Full)                                  |                         |                                     |                            |                          |
| /                | American Hospital Association PAC                            |                         |                                     |                            |                          |
| ۹.               | Full Name (Last, First, Middle Initial) Ms. Janet Stephens   |                         |                                     | Date of Receipt            |                          |
|                  | Mailing Address 6014 Watson Drive                            |                         |                                     | 12 / 29                    | 2006                     |
|                  | City   | State                   | Zip Code                            | Transaction ID: 13         |                          |
|                  | Fort Collins   | CO                      | 80528-8877                          | Amount of Each Re          | ceipt this Period        |
|                  | FEC ID number of contributing federal political committee.   | C                       |                                     |                            | 125.00                   |
|                  | Name of Employer<br>Colorado Hospital Associa-<br>tion       | Occupation<br>Vice Pres | n<br>sident of Government Affairs   |                            |                          |
|                  | Receipt For:   | Aggregate               | Year-to-Date ▼                      |                            |                          |
|                  | Primary General  |                         | 250.00                              | 1                          |                          |
|                  | Other (specify) 🔻  | 0 0                     | 250.00                              |                            |                          |
| 3.               | Full Name (Last, First, Middle Initial)<br>Mr. John B. Day   |                         |                                     | Date of Receipt            |                          |
|                  | Mailing Address 101 Page Street                              |                         |                                     | 12 / 29                    | 2006                     |
|                  | City   | State                   | Zip Code                            | Transaction ID: 13         | 611617                   |
|                  | New Bedford  | MA                      | 02740-3400                          | Amount of Each Re          | ceipt this Period        |
|                  | FEC ID number of contributing federal political committee.   | C                       |                                     |                            | 250.00                   |
|                  | Name of Employer<br>Southcoast Hospitals Group               | Occupation<br>President | n<br>t & Chief Executive Officer    |                            |                          |
|                  | Receipt For:   | Aggregate               | Year-to-Date ▼                      |                            |                          |
|                  | Primary General  |                         | 250.00                              | 1                          |                          |
|                  | Other (specify) ▼  | 0 0                     |                                     | ]                          |                          |
| Э.               | Full Name (Last, First, Middle Initial)  Mr Michael J Curran |                         |                                     | Date of Receipt            |                          |
|                  | Mailing Address 5565 Sterrett Place, 5th                     |                         |                                     | 12 / 29                    | 2006                     |
|                  | Columbia   | State                   | Zip Code                            | Transaction ID: 13         |                          |
|                  | Columbia   | MD                      | 21044-2665                          | Amount of Each Re          | ceipt this Period        |
|                  | FEC ID number of contributing federal political committee.   | C                       |                                     |                            | 500.00                   |
|                  | Name of Employer<br>MedStar Health                           | Occupation<br>Executive | n<br>e Vice President and Chief F   | in                         |                          |
|                  | Receipt For:   | Aggregate               | e Year-to-Date ▼                    |                            |                          |
|                  | Primary General  | -                       | 500.00                              | 1                          |                          |
|                  | Other (specify)  |                         | 000.00                              |                            |                          |
| s                | UBTOTAL of Receipts This Page (optional)                     |                         |                                     |                            | 875.00                   |
| T                | OTAL This Period (last page this line number o               | nlv)                    |                                     |                            |                          |
| -                | ( page une mie nambon o                                      | ,,                      |                                     |                            |                          |

| SCHE                  | EDULE A (FEC Form 3X)   |                              |   | FOR LINE NUMBER:   | PAGE 161 / 228                        |
|-----------------------|---|------------------------------|---|--|---------------------------------------|
|                       |   |                              | Use separate schedule(s)<br>or each category of the                     | (check only one)   |                                       |
|                       | IZED RECEIPTS   |                              | Detailed Summary Page   | X 11a 11b  | 11c 12                                |
|                       |   |                              |   | 13 14  | 15 16 17                              |
| Any info<br>or for co | rmation copied from such Reports and Sta<br>mmercial purposes, other than using the r | atements may<br>name and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of solicities solicities solicities solicities solicities from the solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and solicities of solicities and soliciti | ting contributions<br>such committee. |
| \ NAM                 | IE OF COMMITTEE (In Full)   |                              |   |  |                                       |
| Ame                   | erican Hospital Association PAC   |                              |   |  |                                       |
| <b>A.</b> Ms. 0       | Name (Last, First, Middle Initial)<br>Christine Swearingen                            |                              |   | Date of Receipt  |                                       |
| Maili                 | ng Address 3022 Chestnut St.NW  |                              |   | 12 29  | 2006                                  |
| City                  |   | State                        | Zip Code  | Transaction ID: 13   | 612429                                |
| <u>Was</u>            | shington  | DC                           | 20015-1408  | Amount of Each Re  | ceipt this Period                     |
|                       | ID number of contributing ral political committee.                                    | С                            |   |  | 250.00                                |
| Nam<br>Med            | e of Employer<br>Star Health  | Occupation VP for Co         | n<br>prporate Strategic Planning  |  |                                       |
| Rece                  | eipt For:   |                              | Year-to-Date ▼  |  |                                       |
|                       | Primary General   | -                            | 250.00  | 1  |                                       |
|                       | Other (specify) ▼   | 0 0                          | 0 0 0 0 0 0 0   |  |                                       |
|                       | Name (Last, First, Middle Initial)<br>illiam L Thomas, , M.D.                         |                              |   | Date of Receipt  |                                       |
| Maili                 | ng Address 5565 Sterrett Place, 5th   | Floor                        |   | 12 29  | 2006                                  |
| City                  |   | State                        | Zip Code  | Transaction ID: 13   |                                       |
| <u>Col</u>            | umbia   | MD                           | 21044-2665  | Amount of Each Re  |                                       |
|                       | ID number of contributing all political committee.                                    | C                            |   |  | 500.00                                |
| Nam                   | e of Employer   | Occupation                   | <u> </u>  | _  |                                       |
| Med                   | Star Health   |                              | ·<br>e Vice President Medical Affa                                      | ai   |                                       |
| Rece                  | eipt For:   | Aggregate                    | Year-to-Date ▼  |  |                                       |
|                       | Primary General   |                              | F00.00  | 1  |                                       |
|                       | Other (specify) ▼   | 0 0                          | 500.00  |  |                                       |
|                       | Name (Last, First, Middle Initial)<br>Ianis Lee Bahner                                |                              |   | Date of Receipt  |                                       |
| Maili                 | ng Address 517 Brook Road   |                              |   | 12 29  | 2006                                  |
| City                  |   | State                        | Zip Code  | Transaction ID: 13   |                                       |
| Tow                   | rson  | MD                           | 21286-5634  | Amount of Each Re  |                                       |
| FEC                   | ID number of contributing   |                              |   |  | 250.00                                |
| feder                 | ral political committee.  | C                            |   |  | 250.00                                |
| Nam<br>Med            | e of Employer<br>Star Health  | Occupation                   | n<br>: Vice President   |  |                                       |
| Rece                  | eipt For:   |                              | Year-to-Date <b>V</b>   | $\dashv$   |                                       |
|                       | Primary General   | 00 0                         |   | 1  |                                       |
|                       | Other (specify) ▼   |                              | 250.00  | 1  |                                       |
| SUBTO                 | TAL of Receipts This Page (optional)  |                              |   |  | 1000.00                               |
|                       | 5   |                              |   | -  |                                       |
| TOTAL                 | . This Period (last page this line number o   | nly)                         | <b>)</b>  |  |                                       |

| S                 | CHEDULE A (FEC Form 3X)  |                            | Use separate schedule(s)  | FOR LINE NUMBER:   | PAGE 162 / 228                  |
|-------------------|--|----------------------------|---|--|---------------------------------|
|                   | EMIZED RECEIPTS  |                            | or each category of the   | (check only one)  X 11a  11b                                   | 11c                             |
|                   |  |                            | Detailed Summary Page   | 13 14  | 15 16 17                        |
| An<br>or          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the na | tements may<br>ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciti<br>solicit contributions from s | ng contributions uch committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full)  |                            |   |  |                                 |
| /                 | American Hospital Association PAC  |                            |   |  |                                 |
| ۹.                | Full Name (Last, First, Middle Initial)<br>Mr. Eric Wagner   |                            |   | Date of Receipt  |                                 |
|                   | Mailing Address 7 West Windsor Avenue  | !                          |   | 12 29  | 2006                            |
|                   | City   | State                      | Zip Code  | Transaction ID: 136  | 612432                          |
|                   | Alexandria   | VA                         | 22301-1513  | Amount of Each Rec   | eipt this Period                |
|                   | FEC ID number of contributing federal political committee.   | C                          |   |  | 500.00                          |
|                   | Name of Employer<br>MedStar Health   | Occupation Vice Pres       | n<br>sident, Managed Care   |  |                                 |
|                   | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |  |                                 |
|                   | Primary General Other (specify) ▼  |                            | 500.00  |  |                                 |
| 3.                | Full Name (Last, First, Middle Initial)<br>Mr. Robert J Ryan                                       |                            |   | Date of Receipt  |                                 |
|                   | Mailing Address 5565 Sterrett Place, 5th   | Floor                      |   | 1 2 / D D D 2 9  | 2006                            |
|                   | City   | State                      | Zip Code  | Transaction ID: 136  | 612433                          |
|                   | Columbia   | MD                         | 21044-2665  | Amount of Each Rec   | eipt this Period                |
|                   | FEC ID number of contributing federal political committee.   | C                          |   |  | 500.00                          |
|                   | Name of Employer<br>MedStar Health   | Occupation Vice Pres       | n<br>sident and General Counsel                                     |  |                                 |
|                   | Receipt For:   |                            | e Year-to-Date ▼  |  |                                 |
|                   | Primary General Other (specify) ▼  |                            | 500.00  |  |                                 |
| <br>C.            | Full Name (Last, First, Middle Initial) Mr Michael C Rogers  |                            |   | Date of Receipt  |                                 |
|                   | Mailing Address 5565 Sterrett Place, 5th   | Floor                      |   | 1 2 2 9  | 2006                            |
|                   | City   | State                      | Zip Code  | Transaction ID: 136  | 612434                          |
|                   | Columbia   | MD                         | 21044-2665  | Amount of Each Rec   | eipt this Period                |
|                   | FEC ID number of contributing federal political committee.   | С                          |   |  | 500.00                          |
|                   | Name of Employer<br>MedStar Health   | Occupation<br>Executive    | n<br>e Vice President Corporate S                                   | Ser  |                                 |
|                   | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |  |                                 |
|                   | Primary General Other (specify) ▼  |                            | 500.00  |  |                                 |
| S                 | UBTOTAL of Receipts This Page (optional)   |                            |   |  | 1500.00                         |
|                   |  |                            | <u> </u>  |  |                                 |
| T                 | OTAL This Period (last page this line number or  | ıly)                       | <b>)</b>  |  |                                 |

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|--------------------------|--|----------------------------|---|---|
| SCHEDULE A (FEC Form 3X) |  |                            | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 163 / 228   |
| ITEMIZED RECEIPTS        |  | or each category of the    |   | (check only one)  |
| ITEMIZED RECEIPTS        |  | Detailed Summary Page      |   | X 11a 11b 11c 12  |
|                          |  | , ,                        | 13 14 15 16 17  |   |
| Ar<br>or                 | ny information copied from such Reports and Stat<br>for commercial purposes, other than using the na | tements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\setminus$              | NAME OF COMMITTEE (In Full)  |                            |   |   |
| $\rangle$                | American Hospital Association PAC  |                            |   |   |
| Α.                       | Full Name (Last, First, Middle Initial)<br>Ms. Linda Fishman   |                            |   | Date of Receipt   |
|                          | Mailing Address 325 Seventh Street, NW Suite 700   |                            |   | 12 29 2006  |
|                          | City   | State                      | Zip Code  | Transaction ID: 13612435  |
|                          | Washington   | DC                         | 20004-2818  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.   | C                          |   | 250.00  |
|                          | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                      | Occupation Vice Pres       | n<br>sident Federal Relations   | 7   |
|                          | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|                          | Primary General  |                            | 050.00  | 1   |
|                          | Other (specify) ▼  |                            | 250.00  |   |
| В.                       | Full Name (Last, First, Middle Initial) Dr. Todd Sorensen, , M.D.                                    |                            |   | Date of Receipt   |
|                          | Mailing Address 4021 Avenue 'B'  |                            |   | 12 29 2006  |
|                          | City   | State                      | Zip Code  | Transaction ID: 13612438  |
|                          | Scottsbluff  | NE                         | 69361-4602  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.   | C                          |   | 250.00  |
|                          | Name of Employer<br>Regional West Medical Cen-   | Occupation                 | n<br>ecutive Officer  | 7   |
|                          | ter<br>Receipt For:  |                            | e Year-to-Date <b>V</b>   | _   |
|                          | Primary General  | 1.55.15                    |   | 1   |
|                          | Other (specify) ▼  |                            | 250.00  |   |
| <u> </u>                 | Full Name (Last, First, Middle Initial) Ms. Joanne C. Smith, MD                                      |                            |   | Date of Receipt   |
|                          | Mailing Address 345 East Superior Street   | İ                          |   | 12 29 2006  |
|                          | City   | State                      | Zip Code  | Transaction ID: 13612494  |
|                          | Chicago  | IL                         | 60611-2654  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.   | C                          |   | 500.00  |
|                          | Name of Employer<br>Rehabilitation Institute<br>of Chicago   | Occupation Presiden        | n<br>t & Chief Executive Officer  |   |
|                          | Receipt For:   | Aggregate                  | e Year-to-Date ▼  |   |
|                          | Primary General  |                            | 500.00  | 1   |
|                          | Other (specify)  |                            | 500.00  | 1   |
| Γ                        |  |                            |   | 1000.00   |
| LS                       | UBTOTAL of Receipts This Page (optional)   |                            | ······  |   |

TOTAL This Period (last page this line number only) .....

| SCHEDULE A (FEC Form 3X) |  | Use separate schedule(s) | FOR LINE NUMBER:                               | PAGE 164 / 228               |                 |
|--------------------------|--|--------------------------|--|------------------------------|-----------------|
| ITEMIZED RECEIPTS        |  |                          | or each category of the                        | (check only one)             | . —             |
| TI EIMIZED TIEGEII TO    |  |                          | Detailed Summary Page                          | X 11a 11b                    | 11c   12        |
| Δ.,                      | winformation conicd from such Departs and Ct   | atamanta mai             | , not be cold or used by one norse             | n for the number of colicit  | 15 16 17        |
| or                       | y information copied from such Reports and St<br>for commercial purposes, other than using the | name and add             | dress of any political committee to            | solicit contributions from s | such committee. |
|                          | NAME OF COMMITTEE (In Full)  |                          |  |                              |                 |
| $  \rangle$              | American Hospital Association PAC  |                          |  |                              |                 |
|                          | •  |                          |  |                              |                 |
|                          | Full Name (Last, First, Middle Initial)  |                          |  | D                            |                 |
| Α.                       | Ms. Kathleen K DeVine  |                          |  | Date of Receipt              |                 |
|                          | Mailing Address 2875 West 19th Street  |                          |  | 1 2 2 9                      | 2006            |
|                          | City   | State                    | Zip Code                                       | Transaction ID: 13           |                 |
|                          | Chicago  | IL                       | 60623-3501                                     | Amount of Each Red           |                 |
|                          | FEC ID number of contributing  |                          |  | 7 1111001111 01 200111101    | <del> </del>    |
|                          | federal political committee.   | C                        |  |                              | 500.00          |
|                          | Name of European   | 10                       | -  | _                            |                 |
|                          | Name of Employer<br>Saint Anthony Hospital   | Occupation               | n<br>ecutive Officer                           |                              |                 |
|                          | Receipt For:   |                          | e Year-to-Date ▼                               |                              |                 |
|                          | Primary General  | riggregate               | Teal to Bate V                                 |                              |                 |
|                          | Other (specify) ▼  |                          | 500.00   |                              |                 |
|                          |  |                          |  | '                            |                 |
|                          | Full Name (Last, First, Middle Initial)  |                          |  |                              |                 |
| В.                       |  |                          |  | Date of Receipt              |                 |
|                          | Mailing Address 2159 W. Agatite  |                          |  | 1 2 2 9                      | 2006            |
|                          | City   | State                    | Zip Code                                       | Transaction ID: 13           |                 |
|                          | Chicago  | IL                       | 60625-1705                                     | Amount of Each Red           |                 |
|                          | •  |                          | 00020 1700                                     | Amount of Laciffied          | <del> </del>    |
|                          | FEC ID number of contributing federal political committee.                                     | C                        |  |                              | 200.00          |
|                          |  | 1.                       |  |                              |                 |
|                          | Name of Employer<br>Advocate Health Care   | Occupation               |  | . ].                         |                 |
|                          | ·  |                          | Advocate Health Care Found<br>• Year-to-Date ▼ |                              |                 |
|                          | Receipt For: Primary General   | Aggregate                | e real-lo-Dale ▼                               |                              |                 |
|                          | Other (specify)  |                          | 450.00   |                              |                 |
|                          |  |                          | 0 0 0 0 0 0 0                                  |                              |                 |
|                          | Full Name (Last, First, Middle Initial)  |                          |  |                              |                 |
| C.                       | Mr. Tony Mitchell  |                          |  | Date of Receipt              |                 |
|                          | Mailing Address 2025 Windsor Drive   |                          |  | 1 2 2 9                      | 2006            |
|                          | City   | State                    | Zip Code                                       | Transaction ID: 13           |                 |
|                          | Oak Brook  | IL                       | 60523-1586                                     | Amount of Each Red           |                 |
|                          |  |                          | 00323 1300                                     | Amount of Lacif Net          | <del></del>     |
|                          | FEC ID number of contributing federal political committee.                                     | C                        |  |                              | 200.00          |
|                          |  |                          |  |                              |                 |
|                          | Name of Employer<br>Advocate Health Care   | Occupation               |  | Dive                         |                 |
|                          |  |                          | munications & Government                       | Helati<br>H                  |                 |
|                          | Receipt For: Primary General   | Aggregate                | e Year-to-Date ▼                               |                              |                 |
|                          | Other (specify)  |                          | 450.00   |                              |                 |
|                          |  | 0 0                      | 1 1 1 1 1 1 1                                  | '                            |                 |
|                          |  |                          |  |                              |                 |
| s                        | UBTOTAL of Receipts This Page (optional)   |                          |  |                              | 900.00          |
|                          | ,  |                          | <u> </u>                                       |                              |                 |
| T                        | OTAL This Period (last page this line number of  | only)                    | <b>&gt;</b>                                    |                              |                 |

| SCHEDULE A (FEC Form 3X) |  |                         | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 165 / 228                             |
|--------------------------|--|-------------------------|-------------------------------------|---|
| ITEMIZED RECEIPTS        |  | or each category of the |                                     | (check only one)  |
| ••                       | EMIZED RESERVES  |                         | Detailed Summary Page               | X   11a   11b   11c   12   12   17   17   17   17   17   17 |
| Δ.                       | ny information copied from such Reports and Si                     | estamenta mai           | , not be cold or used by any parag  | 13 14 15 16 17  |
| or                       | for commercial purposes, other than using the                      | name and add            | dress of any political committee to | solicit contributions from such committee.                  |
| $\setminus$              | NAME OF COMMITTEE (In Full)  |                         |                                     |   |
|                          | American Hospital Association PAC                                  |                         |                                     |   |
| A.                       | Full Name (Last, First, Middle Initial) Mr. Martin Manning         |                         |                                     | Date of Receipt   |
|                          | Mailing Address 3013 Mary Kay Lane                                 |                         |                                     | 12 29 2006  |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13612498                                    |
|                          | Glenview   | <u> </u>                | 60026-1162                          | Amount of Each Receipt this Period                          |
|                          | FEC ID number of contributing federal political committee.         | C                       |                                     | 200.00  |
|                          | Name of Employer<br>Advocate Health Care                           | Occupation<br>Chief Exe | n<br>ecutive Officer                |   |
|                          | Receipt For:   |                         | Year-to-Date ▼                      |   |
|                          | Primary General  |                         | 450.00                              | 1   |
|                          | Other (specify) ▼  | 0 0                     | 450.00                              |   |
| В.                       | Full Name (Last, First, Middle Initial) Mr. John Potter            |                         |                                     | Date of Receipt   |
| υ.                       | Mailing Address 430 Cobblestone Drive                              |                         |                                     | M M / D D / Y Y Y Y   |
|                          |  |                         |                                     | 12 29 2006  |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13612499                                    |
|                          | Aurora   | <u> </u>                | 60506-4416                          | Amount of Each Receipt this Period                          |
|                          | FEC ID number of contributing federal political committee.         | C                       |                                     | 200.00  |
|                          | Name of Employer<br>Dreyer Medical Clinic                          | Occupation<br>President |                                     |   |
|                          | Receipt For:   | Aggregate               | Year-to-Date ▼                      |   |
|                          | Primary General  |                         | 450.00                              | 1   |
|                          | Other (specify) ▼  | 0 0                     | 450.00                              |   |
| C.                       | Full Name (Last, First, Middle Initial)<br>Mr. Kenneth L Smithmier |                         |                                     | Date of Receipt   |
|                          | Mailing Address 2300 North Edward Str                              | eet                     |                                     | 12 29 2006  |
|                          | City   | State                   | Zip Code                            | Transaction ID: 13612500                                    |
|                          | Decatur  | IL                      | 62526-4192                          | Amount of Each Receipt this Period                          |
|                          | FEC ID number of contributing                                      |                         | 1 1 1 1 1 1                         |   |
|                          | federal political committee.                                       | C                       |                                     | 500.00  |
|                          | Name of Employer<br>Decatur Memorial Hospital                      | Occupation              | n<br>t and Chief Executive Office   |   |
|                          | Receipt For:   |                         | Year-to-Date   Year-to-Date         |   |
|                          | Primary General  | riggrogato              | Tour to Bute V                      | 1   |
|                          | Other (specify)  |                         | 500.00                              |   |
|                          |  |                         |                                     | 900.00  |
| L <sub>s</sub>           | UBTOTAL of Receipts This Page (optional)                           |                         |                                     |   |
| _                        | OTAL This Period (last page this line number)                      | only)                   |                                     |   |

|                 | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                            | Use separate schedule(s) or each category of the                    | FOR LINE NUMBER: PAGE 166 / 228 (check only one)  |
|-----------------|---|----------------------------|---|---|
| •               |   |                            | Detailed Summary Page   | X   11a   11b   11c   12<br>  13   14   15   16   17                                      |
| An<br>or        | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)   |                            |   |   |
| $\rangle$       | American Hospital Association PAC   |                            |   |   |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Mr. Keith E Steffen                                    |                            |   | Date of Receipt   |
|                 | Mailing Address 530 NE Glen Oak Avenu   | ie                         |   | 12 29 2006  |
|                 | City  | State                      | Zip Code  | Transaction ID: 13612501  |
|                 | Peoria  | IL                         | 61637-0001  | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C                          |   | 150.00  |
|                 | Name of Employer<br>OSF Saint Francis Medical<br>Center   | Occupation<br>Administr    | n<br>rator and Chief Executive Of                                   | fi  |
|                 | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |   |
|                 | Primary General Other (specify) ▼   |                            | 527.50  |   |
| 3.              | Full Name (Last, First, Middle Initial) Mr. James M Moore   |                            |   | Date of Receipt   |
|                 | Mailing Address 800 NE Glen Oak Avenu   | ie                         |   | 12 29 2006  |
|                 | City  | State                      | Zip Code  | Transaction ID: 13612502  |
|                 | <u>Peoria</u>   | <u> L</u>                  | 61603-3255  | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | С                          |   | 300.00  |
|                 | Name of Employer<br>OSF Healthcare System   | Occupation Chief Exe       | n<br>ecutive Officer  |   |
|                 | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |   |
|                 | Primary General Other (specify) ▼   |                            | 800.00  |   |
| ).              | Full Name (Last, First, Middle Initial) Mr. Mark R Neaman   |                            |   | Date of Receipt   |
|                 | Mailing Address 1301 Central Street   |                            |   | 12 29 7 2006  |
|                 | City  | State                      | Zip Code  | Transaction ID: 13612503  |
|                 | Evanston  | IL                         | 60201-1613  | Amount of Each Receipt this Period  |
|                 | FEC ID number of contributing federal political committee.  | C                          |   | 300.00  |
|                 | Name of Employer<br>Evanston Northwestern Hea-<br>lthcare   | Occupation<br>President    | n<br>t and Chief Executive Office                                   |   |
|                 | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |   |
|                 | Primary General Other (specify) ▼   | 0 0                        | 800.00  |   |
| s               | UBTOTAL of Receipts This Page (optional)  |                            |   | 750.00  |
|                 | OTAL This Period (last page this line number or   |                            | <u> </u>  |   |
| • '             |   |                            | ··········  |   |

| SCHEDULE A (FEC Form 3X) |   | Use separate schedule(s)     | FOR LINE NUMBER: PAGE 167 / 228   |  |                                    |
|--------------------------|---|------------------------------|---|--|------------------------------------|
| ITEMIZED RECEIPTS        |   |                              | or each category of the   | (check only one)   |                                    |
| ITEMIZED RECEIPTS        |   |                              | Detailed Summary Page   | X 11a 11b  | 11c   12                           |
|                          |   |                              |   | 13 14  | 15 16 17                           |
| An                       | y information copied from such Reports and Sta<br>for commercial purposes, other than using the | atements may<br>name and add | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of solic<br>solicit contributions from | iting contributions such committee |
| <u></u>                  | NAME OF COMMITTEE (In Full)   |                              | areas or any pointed committee to                                       |  |                                    |
| $  \rangle$              | American Hospital Association PAC   |                              |   |  |                                    |
|                          | American Hospital Association 1 Ao  |                              |   |  |                                    |
|                          | Full Name (Last, First, Middle Initial)   |                              |   |  |                                    |
| A.                       | Mr. Kevin P Poorten   |                              |   | Date of Receipt  |                                    |
|                          | Mailing Address P O Box 707   |                              |   | M M / D D  |                                    |
|                          | Cit.  | 01-1-                        | 7:- 0 - 4-  | 12 29  |                                    |
|                          | City  | State<br>IL                  | Zip Code  | Transaction ID: 13                                       |                                    |
|                          | Dekalb  | - IL                         | 60115-0707  | Amount of Each Re  | eceipt this Period                 |
|                          | FEC ID number of contributing federal political committee.                                      | C                            |   |  | 125.00                             |
|                          | rederal political committee.  |                              |   |  |                                    |
|                          | Name of Employer<br>Kish Health System  | Occupation                   | า   |  |                                    |
|                          |   | President                    | t and Chief Executive Officer   |  |                                    |
|                          | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |                                    |
|                          | Primary General   |                              | 375.00  |  |                                    |
|                          | Other (specify)   |                              |   |  |                                    |
|                          | Full Name (Last, First, Middle Initial)   |                              |   |  |                                    |
| В.                       |   |                              |   | Date of Receipt  |                                    |
|                          | Mailing Address P O Box 707   |                              |   | M M / D D  | / <b>Y Y Y Y</b>                   |
|                          |   |                              |   | 12 29  | 2006                               |
|                          | City  | State                        | Zip Code  | Transaction ID: 13                                       | 3612505                            |
|                          | De Kalb   | IL                           | 60115-0707  | Amount of Each Re  | eceipt this Period                 |
|                          | FEC ID number of contributing   | C                            |   |  | 125.00                             |
|                          | federal political committee.  |                              |   |  | 120.00                             |
|                          | Name of Employer  | Occupation                   | า   | -  |                                    |
|                          | Name of Employer<br>Kishwaukee Community Hosp-<br>ital  | Administ                     |   |  |                                    |
|                          | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |                                    |
|                          | Primary General   |                              | 275.00  |  |                                    |
|                          | Other (specify)   |                              | 375.00  |  |                                    |
|                          |   |                              |   |  |                                    |
| C                        | Full Name (Last, First, Middle Initial) Mr. Robert G Senneff, , FACHE                           |                              |   | Date of Receipt  |                                    |
| ٥.                       | Mailing Address 210 West Walnut Stree   | .+                           |   | M M / D D  | / Y Y Y Y Y                        |
|                          | Walling Address 210 West Wallut Stree   | i.                           |   | 1 2 2 9  |                                    |
|                          | City  | State                        | Zip Code  | Transaction ID: 13                                       | 3612506                            |
|                          | Princeton   | IL                           | 61520-2497  | Amount of Each Re  |                                    |
|                          | FEC ID number of contributing   |                              |   |  | 300.00                             |
|                          | federal political committee.  | C                            |   |  | 300.00                             |
|                          | Name of Employer  | Occupation                   | <u> </u>  | -  |                                    |
|                          | Graham Hospital   |                              | t and Chief Executive Officer   |  |                                    |
|                          | Receipt For:  |                              | Year-to-Date ▼  | 1  |                                    |
|                          | Primary General   |                              |   |  |                                    |
|                          | Other (specify) ▼   |                              | 800.00  |  |                                    |
|                          |   |                              |   |  |                                    |
|                          |   |                              |   |  | FF0 00                             |
| s                        | UBTOTAL of Receipts This Page (optional)  |                              | ·····   |  | 550.00                             |
|                          |   |                              |   |  |                                    |
| T                        | OTAL This Period (last page this line number of   | only)                        |   |  |                                    |

|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |  | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 168 / 228 (check only one)  X 11a 11b 11c 12  13 14 15 16 17               |
|-------------------|---|--|--|--|
| Ar<br>or          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n   | tements may<br>ame and add                 | y not be sold or used by any perso<br>dress of any political committee to    | on for the purpose of soliciting contributions solicit contributions from such committee.        |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |  |  |  |
| <b>A.</b>         | Full Name (Last, First, Middle Initial) Mr. Jesse P. Hall Mailing Address 1948 Elmwood Avenue  City Wilmette  FEC ID number of contributing federal political committee.  Name of Employer Highland Park Hospital  Receipt For:   | State IL  C Occupation President Aggregate |  | Date of Receipt  M M M / 29 / 2006  Transaction ID: 13612507  Amount of Each Receipt this Period |
|                   | Primary General Other (specify) ▼   | 0 0  | 375.00   |  |
| 3.                | Full Name (Last, First, Middle Initial) Mr. Jeffrey L Durham Mailing Address P O Box 850  City Metropolis  FEC ID number of contributing federal political committee.  Name of Employer Massac Memorial Hospital  Receipt For:    |  | Zip Code 62960-0850  n ecutive Officer e Year-to-Date                        | Date of Receipt    M M M   |
|                   | Primary General Other (specify) ▼   | 0 0  | 375.00   |  |
| <b>).</b>         | Full Name (Last, First, Middle Initial)  Ms. Nancy DeMarco  Mailing Address 1151 East Warrenville R  City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association | State IL C                                 | Zip Code<br>60563-9339   | Date of Receipt    M M M   |
|                   | Receipt For: Primary General Other (specify)  | Aggregate                                  | e Year-to-Date ▼<br>1543.75  |  |
| s                 | UBTOTAL of Receipts This Page (optional)  |  | ·····  | 750.00   |
| Т                 | OTAL This Period (last page this line number or   | nlv)                                       |  |  |

| SCHEDULE A (FEC Form 3X) |  |            | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 169 / 228            |
|--------------------------|--|------------|-------------------------------------|--|
|                          | EMIZED RECEIPTS  |            | or each category of the             | (check only one)                           |
| •                        |  |            | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17    |
| An                       | y information copied from such Reports and State   | ements may | r not be sold or used by any perso  |  |
| or                       | y information copied from such Reports and Stat-<br>for commercial purposes, other than using the na | me and add | dress of any political committee to | solicit contributions from such committee. |
| \                        | NAME OF COMMITTEE (In Full)  |            |                                     |  |
|                          | American Hospital Association PAC  |            |                                     |  |
| Δ                        | Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III                                    |            |                                     | Date of Receipt                            |
| ٠.                       | Mailing Address 4109 Southwoods Road   |            |                                     | M M / D D / Y Y Y Y                        |
|                          |  |            |                                     | 12 29 2006                                 |
|                          | City   | State      | Zip Code                            | Transaction ID: 13612513                   |
|                          | Springfield  | <u>IL</u>  | 62707-6070                          | Amount of Each Receipt this Period         |
|                          | FEC ID number of contributing federal political committee.   | С          |                                     | 500.00                                     |
|                          | Name of Employer<br>Illinois Hospital Associa-   | Occupation |                                     |  |
|                          | tion   |            | ce President<br>e Year-to-Date ▼    | -  |
|                          | Receipt For: Primary General   | Aggregate  | ; rear-lu-Dale ▼                    |  |
|                          | Other (specify)  |            | 1543.75                             |  |
| 3.                       | Full Name (Last, First, Middle Initial) Ms. Elena Butkus   |            |                                     | Date of Receipt                            |
|                          | Mailing Address 1151 E. Warrenville Road   | d          |                                     | 1 2 2 9 2 0 0 6                            |
|                          | City   | State      | Zip Code                            | Transaction ID: 13612514                   |
|                          | Naperville   | <u> </u>   | 60563-9339                          | Amount of Each Receipt this Period         |
|                          | FEC ID number of contributing federal political committee.   | С          |                                     | 500.00                                     |
|                          | Name of Employer<br>Illinois Hospital Associa-   | Occupation | <br>1                               | ╡  |
|                          | Illinois Hospital Association  | •          | sident, Finance                     |  |
|                          | Receipt For:   | Aggregate  | e Year-to-Date ▼                    |  |
|                          | Primary General  |            | 1543.75                             |  |
|                          | Other (specify) ▼  |            |                                     |  |
| Э.                       | Full Name (Last, First, Middle Initial)<br>Ms. Teresa Hursey   |            |                                     | Date of Receipt                            |
|                          | Mailing Address 1151 East Warrenville Ro   | oad        |                                     | 12 29 2006                                 |
|                          | City   | State      | Zip Code                            | Transaction ID: 13612515                   |
|                          | Naperville   | IL         | 60563-9339                          | Amount of Each Receipt this Period         |
|                          | FEC ID number of contributing  |            |                                     |  |
|                          | federal political committee.   | C          |                                     | 500.00                                     |
|                          | Name of Employer<br>Illinois Hospital Associa-   | Occupation |                                     | 7  |
|                          | tion   |            | sident, Finance                     | _  |
|                          | Receipt For: Primary General   | Aggregate  | e Year-to-Date ▼                    |  |
|                          | Primary General Other (specify) ▼  |            | 1543.75                             |  |
| S                        | UBTOTAL of Receipts This Page (optional)   |            |                                     | 1500.00                                    |
|                          | - ago (optional)   |            |                                     |  |
| т,                       | OTAL This Period (last page this line number on  | \v)        |                                     |  |

|                      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |   | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 170 / 228 (check only one)  X 11a 11b 11c 12  13 14 15 16 17                       |
|----------------------|---|---|--|--|
| An                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n   | tements may<br>ame and add                  | not be sold or used by any persolates of any political committee to    | on for the purpose of soliciting contributions   |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |   |  |  |
| Α.                   | Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer Mailing Address 1755 Maple Lane  City Wheaton  FEC ID number of contributing federal political committee.  Name of Employer Central DuPage Hospital  Receipt For:  | State IL  C  Occupation President Aggregate |  | Date of Receipt  M M M / 29 / 2006  Transaction ID: 13612516  Amount of Each Receipt this Period  500.00 |
|                      | Primary General Other (specify) ▼   | 0 0   | 1437.50  |  |
| 3.                   | Full Name (Last, First, Middle Initial) Mr. John J. Raleigh Mailing Address 1141 East Warrenville F City Naperville FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association Receipt For: Primary General Other (specify) | State IL C Occupation Vice Pres             |  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>D.</b>            | Full Name (Last, First, Middle Initial) Mr. Mark Deaton  Mailing Address 740 North Hayes  City Oak Park  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General Other (specify)           |   | Zip Code 60302-1706  n General Counsel Year-to-Date ▼ 945.88           | Date of Receipt  M M A 29 29 2006  Transaction ID: 13612518  Amount of Each Receipt this Period  250.00  |
| SI                   | JBTOTAL of Receipts This Page (optional)  |   | <b>)</b>   | 1250.00  |
| T                    | OTAL This Period (last page this line number or   | nly)  |  |  |

|            | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |              | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page  | FOR LINE NUMBER: PAGE 171 / 228 (check only one)  X 11a 11b 11c 12                       |
|------------|--|--------------|---|--|
| An<br>or   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n  | atements may | <br>y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
|            | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                       |  |
|            | Full Name (Last, First, Middle Initial) Mr. Kenneth L Smithmier Mailing Address 2300 North Edward Stre City Decatur FEC ID number of contributing federal political committee. | State IL     | Zip Code<br>62526-4192  | Date of Receipt    M M   |
|            | Name of Employer Decatur Memorial Hospital  Receipt For:  Primary  General  Other (specify) ▼  |              | n<br>t and Chief Executive Office<br>e Year-to-Date ▼<br>1000.00              |  |
| 3.         | Full Name (Last, First, Middle Initial) Ms. Terri L. Allen Mailing Address 1151 East Warrenville F   | Road         | Zip Code  | Date of Receipt    M   |
|            | Naperville  FEC ID number of contributing federal political committee.   | C            | 60563-9339  | Amount of Each Receipt this Period  12.50  |
|            | Name of Employer Illinois Hospital Association  Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼   |              | n<br>Manager<br>e Year-to-Date ▼<br>325.00                                    |  |
| <b>D</b> . | Full Name (Last, First, Middle Initial) Ms. Elena Butkus Mailing Address 1151 E. Warrenville Roa   | ad           |   | Date of Receipt  |
|            | City  Naperville  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:  Primary General  Other (specify)   | 1            | Zip Code 60563-9339  n sident, Finance e Year-to-Date ▼ 1575.00               | Transaction ID: 13612537  Amount of Each Receipt this Period  31.25                      |
| SI         | JBTOTAL of Receipts This Page (optional)   |              |   | 543.75   |
| T          | OTAL This Period (last page this line number or  | nly)         |   |  |

|           | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                        | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 172 / 228 (check only one)  X 11a 11b 11c 12 |
|-----------|---|------------------------|--|--|
| An        | y information copied from such Reports and Stat   | tements may            | not be sold or used by any person                                      | n for the purpose of soliciting contributions                      |
| or        | or commercial purposes, other than using the na   | ame and add            | lress of any political committee to                                    | solicit contributions from such committee.                         |
| $\rangle$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                           |                        |  |  |
| ۹.        | Full Name (Last, First, Middle Initial) Mr. Mark Deaton Mailing Address 740 North Hayes |                        |  | Date of Receipt  |
|           |   |                        |  | 12 29 2006   |
|           | City Oak Park   | State<br>IL            | Zip Code<br>60302-1706   | Transaction ID: 13612541  Amount of Each Receipt this Period       |
|           | FEC ID number of contributing federal political committee.                              | C                      |  | 20.83  |
|           | Name of Employer<br>Illinois Hospital Associa-<br>tion                                  |                        | General Counsel  |  |
|           | Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | Year-to-Date ▼ 966.71  |  |
| 3.        | Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco                               |                        |  | Date of Receipt  |
|           | Mailing Address 1151 East Warrenville R   | 12 29 2006             |  |  |
|           | City  | State                  | Zip Code   | Transaction ID: 13612542   |
|           | Naperville  | <u> </u>               | 60563-9339   | Amount of Each Receipt this Period                                 |
|           | FEC ID number of contributing federal political committee.                              | C                      |  | 31.25  |
|           | Name of Employer<br>Illinois Hospital Associa-<br>tion                                  | Occupation Director of | n<br>of Development  |  |
|           | Receipt For:  |                        | Year-to-Date ▼   |  |
|           | Primary General Other (specify) ▼   | 0 0                    | 1575.00  |  |
| —<br>Э.   | Full Name (Last, First, Middle Initial) Ms. Lois DeTraglia                              |                        |  | Date of Receipt  |
|           | Mailing Address 1151 E. Warrenville Rd.   |                        |  | 12 29 2006   |
|           | City  | State                  | Zip Code   | Transaction ID: 13612543   |
|           | Naperville  | IL                     | 60563-9339   | Amount of Each Receipt this Period                                 |
|           | FEC ID number of contributing federal political committee.                              | С                      |  | 10.42  |
|           | Name of Employer<br>Illinois Hospital Associa-<br>tion                                  |                        | Human Resources  |  |
|           | Receipt For:  Primary General  Other (specify) ▼  | Aggregate              | Year-to-Date ▼ 354.28  |  |
| S         | JBTOTAL of Receipts This Page (optional)  |                        |  | 62.50  |
|           | OTAL This Period (last page this line number or   | ılv)                   | <b>.</b>   |  |

| SCHEDULE A (FEC Form 3X)   |                         | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 173 / 228                     |
|--|-------------------------|-------------------------------------|---|
| TEMIZED RECEIPTS   |                         | or each category of the             | (check only one)                                    |
|  |                         | Detailed Summary Page               | X   11a     11b     11c     12     15     16     17 |
| Any information copied from such Reports and Sta                   | tements may             | not be sold or used by any perso    | on for the purpose of soliciting contributions      |
| or for commercial purposes, other than using the n                 | ame and add             | dress of any political committee to | solicit contributions from such committee.          |
| NAME OF COMMITTEE (In Full)  |                         |                                     |   |
| American Hospital Association PAC                                  |                         |                                     |   |
| Full Name (Last, First, Middle Initial)  A. Ms. Barbara Filliung   |                         |                                     | Date of Receipt                                     |
| Mailing Address 1013 59th Street                                   |                         |                                     | 12 29 2006  |
| City   | State                   | Zip Code                            | Transaction ID: 13612544                            |
| Lisle  | IL                      | 60532-3122                          | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.         | C                       |                                     | 10.42   |
| Name of Employer<br>Illinois Hospital Associa-                     | Occupation              | n<br>Government Relations           |   |
| tion<br>Receipt For:   |                         | Year-to-Date ▼                      |   |
| Primary General  |                         |                                     | 1   |
| Other (specify) ▼  |                         | 354.28                              |   |
| Full Name (Last, First, Middle Initial)  3. Mr. Brian Foster       |                         |                                     | Date of Receipt                                     |
| Mailing Address 1151 E. Warrenville Rd. PO Box 3015                |                         |                                     | 12 29 7 2006  |
| City   | •                       |                                     |   |
| Naperville   | <u>IL</u>               | 60563-9339                          | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.         | C                       |                                     | 20.83   |
| Name of Employer<br>Illinois Hospital Associa-                     | Occupation Vice Pres    |                                     |   |
| tion<br>Receipt For:   |                         | Year-to-Date ▼                      |   |
| Primary General  |                         | 716.70                              | 1   |
| Other (specify)  | 0 0                     | 716.72                              |   |
| Full Name (Last, First, Middle Initial)  5. Ms. Tamara Lynn Gamrat |                         |                                     | Date of Receipt                                     |
| Mailing Address 1911 Hamilton Street                               |                         |                                     | 12 29 2006  |
| City   | State                   | Zip Code                            | Transaction ID: 13612546                            |
| Murphysboro  | <u>IL</u>               | 62966-1519                          | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.         | C                       |                                     | 7.81  |
| Name of Employer<br>St. Joseph Memorial Hospi-<br>tal              | Occupation<br>Administr |                                     |   |
| Receipt For:   |                         | e Year-to-Date ▼                    |   |
| Primary General  |                         | 265.70                              | 1   |
| Other (specify)  |                         | 203.70                              |   |
| SUBTOTAL of Receipts This Page (optional)                          |                         |                                     | 39.06   |
| TOTAL This Period (last page this line number or                   | nly)                    | <b>)</b>                            |   |

|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                         | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 174 / 228 (check only one)  X 11a 11b 11c 12 |
|-------------------|--|-------------------------|--|--|
| An                | y information copied from such Reports and Stat  | ements may              | not be sold or used by any person  | n for the purpose of soliciting contributions                      |
| or                | for commercial purposes, other than using the na   | ame and add             | dress of any political committee to  | solicit contributions from such committee.                         |
| $\rangle$         | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |                         |  |  |
| ۹.                | Full Name (Last, First, Middle Initial) Ms. Ann C. Guild   |                         |  | Date of Receipt  |
|                   | Mailing Address 1151 E. Warrenville Rd. PO Box 3015  |                         |  | 12 29 2006   |
|                   | City   | State                   | Zip Code   | Transaction ID: 13612548   |
|                   | Naperville   | IL                      | 60563-9339   | Amount of Each Receipt this Period                                 |
|                   | FEC ID number of contributing federal political committee.   | C                       |  | 20.83  |
|                   | Name of Employer<br>Illinois Hospital Associa-<br>tion   | Occupation<br>Assistant | n<br>: Vice President  |  |
|                   | Receipt For:   | Aggregate               | Year-to-Date ▼   |  |
|                   | Primary General Other (specify) ▼  |                         | 716.71   |  |
| 3.                | Full Name (Last, First, Middle Initial)<br>Mr. Ed Holzhauer  |                         |  | Date of Receipt  |
|                   | Mailing Address 1755 Maple Lane  |                         |  | 12 29 2006   |
|                   | City   | State                   | Zip Code   | Transaction ID: 13612552   |
|                   | Wheaton  | IL                      | 60187-3317   | Amount of Each Receipt this Period                                 |
|                   | FEC ID number of contributing federal political committee.   | С                       |  | 37.50  |
|                   | Name of Employer<br>Central DuPage Hospital  | Occupation<br>President |  |  |
|                   | Receipt For:   | Aggregate               | e Year-to-Date ▼   |  |
|                   | Primary General Other (specify) ▼  |                         | 1475.00  |  |
| <del></del><br>Э. | Full Name (Last, First, Middle Initial)<br>Ms. Teresa Hursey   |                         |  | Date of Receipt  |
|                   | Mailing Address 1151 East Warrenville R  | oad                     |  | 12 / 29 / Y Y Y Y Y Y Y  |
|                   | City   | State<br>II             | Zip Code   | Transaction ID: 13612553   |
|                   | Naperville 550 IB and a site of the site o | IL.                     | 60563-9339   | Amount of Each Receipt this Period                                 |
|                   | FEC ID number of contributing federal political committee.   | C                       |  | 31.25  |
|                   | Name of Employer<br>Illinois Hospital Associa-<br>tion   | Occupation Vice Pres    | n<br>sident, Finance   |  |
|                   | Receipt For:   | Aggregate               | Year-to-Date ▼   | . [  |
|                   | Primary General Other (specify) ▼  | 0 0                     | 1575.00  |  |
| SI                | JBTOTAL of Receipts This Page (optional)   |                         |  | 89.58  |
| т                 | OTAL This Period (last page this line number or  | lv)                     |  |  |

| S           | CHEDULE A (FEC Form 3X)  |                              | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 175 / 228  |
|-------------|--|------------------------------|---|--|
|             | EMIZED RECEIPTS  | or each category of the      |   | (check only one)   |
| •••         | LIMIZED RECEIF 13  |                              | Detailed Summary Page   | X 11a 11b 11c 12   |
|             | · · · · · · · · · · · · · · · · · · ·  | .1                           |   | 13 14 15 16 17   |
| or          | ly information copied from such Reports and Stator commercial purposes, other than using the r | atements may<br>name and add | not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                              |   |  |
|             | American Hospital Association PAC  |                              |   |  |
| Α.          | Full Name (Last, First, Middle Initial) Ms. Susan Kaufman                                      |                              |   | Date of Receipt  |
|             | Mailing Address 1151 E. Warranville Rd   | •                            |   | 12 29 2006   |
|             | City   | State                        | Zip Code  | Transaction ID: 13612555   |
|             | Naperville   | IL                           | 60563-9339  | Amount of Each Receipt this Period   |
|             | FEC ID number of contributing federal political committee.                                     | C                            |   | 10.50  |
|             | Name of Employer<br>Illinois Hospital Associa-<br>tion   | Occupation<br>Assistant      | n<br>: Vice President   |  |
|             | Receipt For:   | Aggregate                    | Year-to-Date ▼  |  |
|             | Primary General  | 1 1                          | 357.00  | 7  |
|             | Other (specify)  | 0 0                          | 337.00  |  |
| В.          | Full Name (Last, First, Middle Initial) Ms. Nichole Magalis                                    |                              |   | Date of Receipt  |
|             | Mailing Address 1151 East Warrenville Road   |                              |   | 12 29 2006   |
|             | City   | State                        | Zip Code  | Transaction ID: 13612557   |
|             | Naperville   | IL                           | 60563-9339  | Amount of Each Receipt this Period   |
|             | FEC ID number of contributing federal political committee.                                     | C                            |   | 10.42  |
|             | Name of Employer<br>Illinois Hospital Associa-   | Occupation                   |   |  |
|             | tion   | ,                            | Government Relations  |  |
|             | Receipt For:  Primary  General   | Aggregate                    | e Year-to-Date ▼  | _  |
|             | Other (specify)  | ' '                          | 354.28  |  |
|             | Curior (specify)   | 0 0                          | 0 0 0 0 0 0 0   | -  |
| C.          | Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges                        |                              |   | Date of Receipt  |
|             | Mailing Address 1151 E. Warrenville Roa PO Box 3015  | ad                           |   | 12 29 2006   |
|             | City   | State                        | Zip Code  | Transaction ID: 13612558   |
|             | Naperville   | IL                           | 60563-9339  | Amount of Each Receipt this Period   |
|             | FEC ID number of contributing federal political committee.                                     | C                            |   | 31.25  |
|             | Name of Employer<br>Illinois Hospital Associa-   | Occupation                   | า   | 7  |
|             | Illinois Hospital Associa-<br>tion   | Vice Pres                    | sident  |  |
|             | Receipt For:   | Aggregate                    | Year-to-Date ▼  |  |
|             | Primary General  |                              | 1075.00   | 7  |
|             | Other (specify) ▼  | 0 0                          | 1075.00   | J  |
| s           | UBTOTAL of Receipts This Page (optional)   |                              |   | 52.17  |
| Ĕ           |  |                              |   |  |
| Ιт          | OTAL This Period (last page this line number o   | nlv)                         | 1   |  |

|                      | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                                      | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 176 / 228 (check only one)  X 11a 11b 11c 12  13 14 15 16 17 |
|----------------------|--|--------------------------------------|--|--|
| An                   | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n  | tements may<br>ame and add           | not be sold or used by any perso<br>dress of any political committee to      | on for the purpose of soliciting contributions                                     |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |                                      |  |  |
| <b>A.</b>            | Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III Mailing Address 4109 Southwoods Road  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer Illinois Hospital Association  Receipt For: Primary General | State IL C Occupation Senior Vi      | ce President<br>Year-to-Date ▼   | Date of Receipt    M M   |
| 3.                   | Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Kenneth C. Robbins  Mailing Address 1531 Maria Court   | 0 0                                  | 1575.00  | Date of Receipt  1 2 2 9 2 0 0 6   |
|                      | City Wheaton FEC ID number of contributing   | State<br>IL                          | Zip Code<br>60187-3777   | Transaction ID: 13612565  Amount of Each Receipt this Period                       |
|                      | federal political committee.  Name of Employer Illinois Hospital Association  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  | Occupation<br>President<br>Aggregate |  | 31.25  |
| Э.                   | Full Name (Last, First, Middle Initial) Mr. Neil Cotter Mailing Address 5878 Stonebridge Circle  |                                      |  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                       |
|                      | City Milford  FEC ID number of contributing federal political committee.  Name of Employer Brown County General Hospital  Receipt For: Primary General   |                                      | of Plant Operations  Year-to-Date ▼  | Transaction ID: 13614321  Amount of Each Receipt this Period  125.00               |
|                      | Other (specify)   UBTOTAL of Receipts This Page (optional)   |                                      | <u> </u>   | 187.50   |
| - 1 (                | OTAL This Period (last page this line number or  | пу)                                  |  |  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   |                                 | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 177 / 228 (check only one)  X 11a 11b 11c 12 13 14 15 16 17         |
|--|---------------------------------|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the  | tatements may<br>name and add   | y not be sold or used by any perso<br>dress of any political committee to    | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC   |                                 |  |   |
| Full Name (Last, First, Middle Initial)  Mr. Albert L. Alexander  Mailing Address P.O. Box 2830  City  Daytona Beach  FEC ID number of contributing federal political committee.  Name of Employer Halifax Fish Medical Systm  Receipt For:  Primary General Other (specify)   Full Name (Last, First, Middle Initial)  Mr. Douglas Baer |                                 | Zip Code 32120-2830  n man Resources Officer e Year-to-Date ▼ 250.00         | Date of Receipt    M M M  |
| Mr. Douglas Baer  Mailing Address 77 Tallwood Road  City  Jacksonville  FEC ID number of contributing federal political committee.  Name of Employer Brooks Rehabilitation Hospital Receipt For:  Primary General Other (specify) ▼  |                                 | Zip Code 32250-2924  n t and Chief Operating Office e Year-to-Date ▼ 500.00  | Transaction ID: 13617496  Amount of Each Receipt this Period  250.00                      |
| Full Name (Last, First, Middle Initial) Dr Brad Bjornstad, , M.D.  Mailing Address 3100 East Fletcher Av  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer University Community Hospital Receipt For: Primary General Other (specify)  | State FL C Occupation Vice Pres | Zip Code 33613-4613  n sident Medical Officer e Year-to-Date ▼ 250.00        | Date of Receipt    M M  |
| SUBTOTAL of Receipts This Page (optional)  |                                 | <b>)</b>   | 600.00  |
| TOTAL This Period (last page this line number  | only)                           |  |   |

|               | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                       | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 178 / 228 (check only one)  X 11a 11b 11c 12                                     |  |  |  |
|---------------|--|-----------------------|--|--|--|--|--|
| Any<br>or f   | y information copied from such Reports and Sta<br>or commercial purposes, other than using the n   | itements may          | not be sold or used by any persodress of any political committee to          | n for the purpose of soliciting contributions solicit contributions from such committee.               |  |  |  |
| $\overline{}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |                       |  |  |  |  |  |
| <b>4.</b>     | Full Name (Last, First, Middle Initial) Mr. Daniel Carlson Mailing Address 9939 Santa Barbara Co City Howey In The Hills FEC ID number of contributing federal political committee.  Name of Employer Leesburg Regional Medical Center | State FL C Occupation | Zip Code<br>34737-5003   | Date of Receipt  M M / 20 / 2006  Transaction ID: 13617500  Amount of Each Receipt this Period  250.00 |  |  |  |
|               | Receipt For: Primary General Other (specify)   | Aggregate             | Year-to-Date ▼<br>250.00   |  |  |  |  |
| 3.            | Full Name (Last, First, Middle Initial) Mr Frank L Davis Mailing Address 1242 Harbour Point Driv City  | Zip Code              | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y     |  |  |  |  |
|               | Port Orange FEC ID number of contributing federal political committee.   | FL C                  | 32127-5608   | Amount of Each Receipt this Period 500.00  |  |  |  |
|               | Name of Employer Hospice of Palm Beach County Receipt For: Primary Other (specify)   |                       | ecutive Officer Year-to-Date  500.00   |  |  |  |  |
| Э.            | Full Name (Last, First, Middle Initial) Ms Lori Delone Mailing Address 303 North Clyde Morris  | Blvd                  |  | Date of Receipt  |  |  |  |
|               | City  Daytona Beach  FEC ID number of contributing federal political committee.  Name of Employer Halifax Community Health System  Receipt For:  Primary General  Other (specify)  |                       | Zip Code 32114-2709  chnology Officer Year-to-Date ▼ 500.00                  | Transaction ID: 13617505  Amount of Each Receipt this Period  500.00                                   |  |  |  |
| ei<br>ei      |  | 0 0                   |  | 1250.00  |  |  |  |
|               | OTAL This Period (last page this line number only)   |                       |  |  |  |  |  |

|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                           | Use separate schedule(s) or each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 179 / 228 (check only one)  X 11a 11b 11c 12  13 14 15 16 17       |
|-------------------|--|---------------------------|---|--|
| Ar<br>or          | ny information copied from such Reports and Stat<br>for commercial purposes, other than using the na | ements may<br>ame and add | not be sold or used by any perso<br>lress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |                           |   |  |
| ۹.                | Full Name (Last, First, Middle Initial)<br>Mr. Jeff Feasel   |                           |   | Date of Receipt  |
|                   | Mailing Address 303 North Clyde Morris E   | Blvd                      |   | 12 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                   | City   | State                     | Zip Code  | Transaction ID: 13617508   |
|                   | Daytona Beach  | FL                        | 32114-2709  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.   | C                         |   | 250.00   |
|                   | Name of Employer<br>Halifax Community Health<br>System   | Occupation<br>Chief Exe   | ecutive Officer   |  |
|                   | Receipt For:   | Aggregate                 | Year-to-Date ▼  |  |
|                   | Primary ☐ General Other (specify) ▼  | 0 0                       | 250.00  |  |
| _                 | Full Name (Last, First, Middle Initial)  |                           |   | Data of Danairt  |
| э.                | Mr. William A Giudice  Mailing Address 1300 Miccosukee Road  |                           |   | Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
|                   | City   |                           | Zip Code  | Transaction ID: 13617509   |
|                   | Tallahassee  | FL                        | 32308-5093  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.   | C                         |   | 375.00   |
|                   | Name of Employer<br>Tallahassee Memorial Heal-<br>thCare   | Occupation<br>Chief Fina  | n<br>ancial Officer and Vice Presi                                      |  |
|                   | Receipt For: Primary General Other (specify)   | Aggregate                 | Year-to-Date ▼ 562.50   |  |
| <b>)</b> .        | Full Name (Last, First, Middle Initial)<br>Mr. Timothy J Goldfarb                                    |                           |   | Date of Receipt  |
|                   | Mailing Address P O Box 100326   |                           |   | 12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|                   | City   | State                     | Zip Code  | Transaction ID: 13617510   |
|                   | Gainesville  | FL                        | 32610-0326  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.   | C                         |   | 500.00   |
|                   | Name of Employer<br>Shands at the University<br>of Florida   | Occupation<br>Chief Exe   | n<br>ecutive Officer  |  |
|                   | Receipt For:   | Aggregate                 | Year-to-Date ▼  |  |
|                   | Primary General Other (specify) ▼  |                           | 1000.00   |  |
| s                 | UBTOTAL of Receipts This Page (optional)   |                           |   | 1125.00  |
|                   |  |                           | ·   |  |

TOTAL This Period (last page this line number only) .....

| SI   | CHEDULE A (FEC Form 3X)  |                        |  | FOR LINE NUMBER: PAGE                 | = 180 / 228          |
|--|--|------------------------|--|---------------------------------------|----------------------|
|  |  |                        | Use separate schedule(s) or each category of the | (check only one)                      |                      |
| П  | EMIZED RECEIPTS  |                        | Detailed Summary Page                            | X 11a  11b  11c                       | 12                   |
|  |  |                        | ,  | 13 14 15                              | 16 17                |
| An<br>or                                     | ly information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may            | not be sold or used by any person                | on for the purpose of soliciting cont | ributions<br>nmittee |
| <u>.                                    </u> | NAME OF COMMITTEE (In Full)  |                        | are or any point and committee to                |                                       |                      |
| $\rangle$                                    | American Hospital Association PAC  |                        |  |                                       |                      |
| ۹.   | Full Name (Last, First, Middle Initial)<br>Mr. Lars Houmann  |                        |  | Date of Receipt                       |                      |
|  | Mailing Address 601 East Rollins Street  |                        |  | 1 2 D D / Y                           | 2006                 |
|  | City   | State                  | Zip Code   | Transaction ID: 13617511              | ı                    |
|  | Orlando  | FL                     | 32803-1248                                       | Amount of Each Receipt this           | Period               |
|  | FEC ID number of contributing federal political committee.   | C                      |  |                                       | 500.00               |
|  | Name of Employer<br>Florida Hospital   | Occupation<br>Presiden |  | 7                                     |                      |
|  | Receipt For:   | Aggregate              | e Year-to-Date ▼                                 |                                       |                      |
|  | Primary General Other (specify) ▼  |                        | 750.00   |                                       |                      |
| _  | Full Name (Last, First, Middle Initial)  |                        |  | Data of Booking                       |                      |
| э.   | Ms. Kathryn Hughes  Mailing Address 12 Hammock Beach Pa  | rkwov                  |  | Date of Receipt                       | YYY                  |
|  | Mailing Address   12 Hallillock Beach Pa   | 12 20                  | 2006   |                                       |                      |
|  | City   | State                  | Zip Code   | Transaction ID: 13617512              | >                    |
|  | Palm Coast   | FL                     | 32137-0303                                       | Amount of Each Receipt this           | Period               |
|  | FEC ID number of contributing federal political committee.   | C                      |  |                                       | 250.00               |
|  | Name of Employer<br>Halifax Community Health   | Occupation             | n<br>rketing Officer                             |                                       |                      |
|  | System Receipt For:  |                        | Year-to-Date <b>V</b>                            |                                       |                      |
|  | Primary General  | Aggregate              | FICAL-10-Date V                                  | 1                                     |                      |
|  | Other (specify) ▼  |                        | 250.00   |                                       |                      |
| ).   | Full Name (Last, First, Middle Initial) Dr. Donald L Jernigan, , Ph.D.                             |                        |  | Date of Receipt                       |                      |
|  | Mailing Address 111 North Orlando Aver   | nue                    |  | 1 2 2 0                               | 2006                 |
|  | City   | State                  | Zip Code   | Transaction ID: 13617514              |                      |
|  | Winter Park  | FL                     | 32789-3675                                       | Amount of Each Receipt this           |                      |
|  | FEC ID number of contributing federal political committee.   | C                      |  |                                       | 1000.00              |
|  | Name of Employer<br>Adventist Health System  | Occupation             |  |                                       |                      |
|  | Sunbelt Health   |                        | t and Chief Executive Officer                    | · _                                   |                      |
|  | Receipt For:   | Aggregate              | e Year-to-Date ▼                                 |                                       |                      |
|  | Primary General Other (specify) ▼  |                        | 1000.00  |                                       |                      |
| s  | UBTOTAL of Receipts This Page (optional)   |                        |  |                                       | 1750.00              |
|  |  |                        | <u></u>  |                                       |                      |
| T  | OTAL This Period (last page this line number or  | nly)                   | <b>&gt;</b>                                      |                                       |                      |

| S           | CHEDULE A (FEC Form 3X)                                     |                      | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 181 / 228            |  |
|-------------|---|----------------------|-------------------------------------|--|--|
|             | EMIZED RECEIPTS   |                      | or each category of the             | (check only one)                           |  |
| ••          |   |                      | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17    |  |
| Δr          | y information copied from such Reports and Sta              | atements may         | y not be sold or used by any perso  |  |  |
| or          | for commercial purposes, other than using the               | name and add         | dress of any political committee to | solicit contributions from such committee. |  |
| $\setminus$ | NAME OF COMMITTEE (In Full)                                 |                      |                                     |  |  |
|             | American Hospital Association PAC                           |                      |                                     |  |  |
| A.          | Full Name (Last, First, Middle Initial) Ms. Karen Late, MHS |                      |                                     | Date of Receipt                            |  |
|             | Mailing Address 444 North Capitol Stree Suite 532           | t, NW                |                                     | 12 20 206                                  |  |
|             | City  | State                | Zip Code                            | Transaction ID: 13617518                   |  |
|             | Washington  | DC                   | 20001-1512                          | Amount of Each Receipt this Period         |  |
|             | FEC ID number of contributing federal political committee.  | C                    |                                     | 45.00                                      |  |
|             | Name of Employer<br>Florida Hospital Associat-<br>ion       | Occupation Director. | n<br>Federal Advocacy               | 7  |  |
|             | Receipt For:  |                      | Year-to-Date ▼                      |  |  |
|             | Primary General   |                      | 545.00                              | 1  |  |
|             | Other (specify)   | 0 0                  | 343.00                              |  |  |
| —<br>В.     | Full Name (Last, First, Middle Initial) Mr. Arvin Lewis     |                      |                                     | Date of Receipt                            |  |
|             | Mailing Address 778 Foxhound Drive                          |                      |                                     | M M / D D / Y Y Y Y                        |  |
|             |   |                      |                                     | 12 20 2006                                 |  |
|             | City Port Orange  | State<br>FL          | Zip Code                            | Transaction ID: 13617520                   |  |
|             |   | <u> </u>             | 32128-7003                          | Amount of Each Receipt this Period         |  |
|             | FEC ID number of contributing federal political committee.  | C                    |                                     | 250.00                                     |  |
|             | Name of Employer<br>Halifax Community Health                | Occupation           |                                     |  |  |
|             | System  | Administ             |                                     |  |  |
|             | Receipt For:  Primary  General                              | Aggregate            | Year-to-Date ▼                      | ,  |  |
|             | Other (specify)   |                      | 250.00                              |  |  |
| _           | Full Name (Last, First, Middle Initial)                     |                      |                                     | Date of Deceirt                            |  |
| C.          | Mr. Jim L Mayo  Mailing Address 1250 South 18th Street      |                      |                                     | Date of Receipt                            |  |
|             | T250 South Total Street                                     |                      |                                     | 12 20 2006                                 |  |
|             | City  | State                | Zip Code                            | Transaction ID: 13617523                   |  |
|             | Fernandina Beach  | FL                   | 32034-3098                          | Amount of Each Receipt this Period         |  |
|             | FEC ID number of contributing federal political committee.  | C                    |                                     | 250.00                                     |  |
|             | Name of Employer<br>Baptist Medical Center Na-              | Occupation           |                                     | 7  |  |
|             | ssau  | Administ             |                                     | _  |  |
|             | Receipt For:  Primary  General                              | Aggregate            | Year-to-Date ▼                      | ,  |  |
|             | Other (specify)   | ' '                  | 500.00                              |  |  |
|             |   |                      |                                     |  |  |
|             |   |                      |                                     |  |  |
| S           | UBTOTAL of Receipts This Page (optional)                    |                      | ······                              | 545.00                                     |  |
| _           | OTAL This Period (last page this line number o              | inly)                |                                     |  |  |

|           |   |   |   | FOR LINE NUMBER: PAGE 182 / 228  |  |  |
|-----------|---|---|---|--|--|--|
|           | CHEDULE A (FEC Form 3X)   |   | Use separate schedule(s)  | (check only one)   |  |  |
| IT        | EMIZED RECEIPTS   |   | or each category of the<br>Detailed Summary Page                      | X 11a 11b 11c 12   |  |  |
|           |   |   | Dotailed Garifficary Fage   | 13 14 15 16 17   |  |  |
| Ar<br>or  | ny information copied from such Reports and St<br>for commercial purposes, other than using the         | atements may                                | y not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
| abla      | NAME OF COMMITTEE (In Full)   |   |   |  |  |  |
| $\rangle$ | American Hospital Association PAC   |   |   |  |  |  |
| Α.        | Full Name (Last, First, Middle Initial)<br>Mr. Emil P Miller  |   |   | Date of Receipt  |  |  |
|           | Mailing Address P O Box 565002, Mail S  | Stop 1                                      |   | 12 20 2006   |  |  |
|           | City  | State                                       | Zip Code  | Transaction ID: 13617527   |  |  |
|           | Rockledge   | FL  | 32956-5002  | Amount of Each Receipt this Period   |  |  |
|           | FEC ID number of contributing federal political committee.  | C   |   | 45.00  |  |  |
|           | Name of Employer Wuesthoff Medical Center - Rockledge Receipt For:  Primary  General  Other (specify) ▼ |   | n<br>t and Chief Executive Officer<br>e Year-to-Date ▼<br>245.00      |  |  |  |
| —<br>В.   | Full Name (Last, First, Middle Initial) Ms. Phillis Oeters  |   |   | Date of Receipt  |  |  |
|           | Mailing Address 6855 Red Road, Suite  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |   |  |  |  |
|           | City  | State                                       | Zip Code  | Transaction ID: 13617531   |  |  |
|           | Miami   | FL  | 33143-3632  | Amount of Each Receipt this Period   |  |  |
|           | FEC ID number of contributing federal political committee.  | C   |   | 250.00   |  |  |
|           | Name of Employer Baptist Health South Flor- ida Receipt For:  Primary General Other (specify) ▼         |   | n<br>e Vice President Governmer<br>e Year-to-Date ▼<br>500.00         | t an   |  |  |
| _         | Full Name (Last, First, Middle Initial)   |   |   | Date of Descript   |  |  |
| U.        | Dr Christain C Patrick, , M.D., Ph  Mailing Address 3100 SW 62nd Avenue                                 | !   |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |  |  |
|           | City  | State                                       | Zip Code  | Transaction ID: 13617532   |  |  |
|           | Miami   | FL  | 33155-3009  | Amount of Each Receipt this Period   |  |  |
|           | FEC ID number of contributing federal political committee.  | C   |   | 300.00   |  |  |
|           | Name of Employer<br>Miami Children's Hospital   | Occupation Chief Me                         | n<br>dical Officer and Senior Vice                                    | ,  |  |  |
|           | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                                   | e Year-to-Date ▼ 300.00   |  |  |  |
| s         | UBTOTAL of Receipts This Page (optional)  |   |   | 595.00   |  |  |
| 1         |   |   |   |  |  |  |

| S        | CHEDULE A (FEC Form 3X)   |                         | Harris and a sale and date (a)                      | FOR LINE NUMBER: PAGE 183 / 228                |
|----------|---|-------------------------|---|--|
|          | EMIZED RECEIPTS   |                         | Use separate schedule(s)<br>or each category of the | (check only one)                               |
| 11       | EMIZED RECEIPTS   |                         | Detailed Summary Page                               | X 11a 11b 11c 12                               |
|          |   |                         |   | 13 14 15 16 17                                 |
| Ar       | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may            | not be sold or used by any perso                    | on for the purpose of soliciting contributions |
| \        |   | iame and add            | iress of any political committee to                 | Solicit contributions from such committee.     |
|          | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                     |                         |   |  |
|          | American Hospital Association FAC   |                         |   |  |
|          | Full Name (Last, First, Middle Initial)   |                         |   |  |
| A.       | Mr. Eric Peburn   |                         |   | Date of Receipt                                |
|          | Mailing Address 7 Fairvinds Circle  |                         |   | 12 20 2006                                     |
|          | City  | State                   | Zip Code  | Transaction ID: 13617533                       |
|          | Ormond Beach  | FL                      | 32176-2195  | Amount of Each Receipt this Period             |
|          | FEC ID number of contributing   |                         | 1 1 1 1 1 1   |  |
|          | federal political committee.  | C                       |   | 250.00   |
|          | Name of Canalana  | 10                      |   |  |
|          | Name of Employer<br>Halifax Community Health  | Occupation<br>Administr |   |  |
|          | System Receipt For:   |                         | Year-to-Date ▼                                      | _  |
|          | Primary General   | 7.99.094.0              |   | 1  |
|          | Other (specify) ▼   | 1                       | 250.00  |  |
|          |   |                         |   |  |
| ь        | Full Name (Last, First, Middle Initial)   |                         |   | Data of Bossint                                |
| В.       | Mr Joe Petrock  | Dlud                    |   | Date of Receipt                                |
|          | Mailing Address 303 North Clyde Morris  | Biva                    |   | 12 20 2006                                     |
|          | City  | State                   | Zip Code  | Transaction ID: 13617534                       |
|          | Daytona Beach   | FL                      | 32114-2709  | Amount of Each Receipt this Period             |
|          | FEC ID number of contributing   |                         |   | 250.00   |
|          | federal political committee.  | C                       |   | 250.00   |
|          | Name of Employer  | Occupation              | 1   | $\dashv$                                       |
|          | Halifax Community Health System   |                         | Community Relations                                 |  |
|          | Receipt For:  |                         | Year-to-Date ▼                                      |  |
|          | Primary General   |                         | 050.00  | 1  |
|          | Other (specify)   |                         | 250.00  |  |
|          | Full Name (Lock First Middle Letter)  |                         |   |  |
| C.       | Full Name (Last, First, Middle Initial) Ms. Mary Alice Phelan                                     |                         |   | Date of Receipt                                |
|          | Mailing Address 2970 St. Johns Avenue   |                         |   | M " M   / D " D   / Y " Y " Y " Y              |
|          | #5D   |                         |   | 12 20 2006                                     |
|          | City  | State                   | Zip Code  | Transaction ID: 13617535                       |
|          | <u>Jacksonville</u>   | FL                      | 32205-8729  | Amount of Each Receipt this Period             |
|          | FEC ID number of contributing federal political committee.  | C                       |   | 50.00  |
|          | rederal political committee.  |                         |   |  |
|          | Name of Employer<br>St. Vincent's Medical Cen-  | Occupation              |   |  |
|          | ter   |                         | Community Relations                                 | _  |
|          | Receipt For:  | Aggregate               | Year-to-Date ▼                                      |  |
|          | Primary General Other (specify)   |                         | 300.00  |  |
|          | Strict (Specify) \  |                         | 0 0 0 0 0 0 0                                       | 1  |
| Г        | L   |                         |   |  |
| s        | UBTOTAL of Receipts This Page (optional)  |                         |   | 550.00   |
| $\vdash$ |   |                         |   | -  |

| S            | CHEDULE A (FEC Form 3X)   |              | Harris and a shaded of a                         | FOR LINE NUMBER: PAGE 184 / 228                |  |  |  |  |
|--------------|---|--------------|--|--|--|--|--|--|
|              | EMIZED RECEIPTS   |              | Use separate schedule(s) or each category of the | (check only one)                               |  |  |  |  |
| 11           | EMIZED RECEIP 15  |              | Detailed Summary Page                            | X 11a 11b 11c 12                               |  |  |  |  |
|              |   |              |  | 13 14 15 16 17                                 |  |  |  |  |
| Ar           | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may | not be sold or used by any person                | on for the purpose of soliciting contributions |  |  |  |  |
| <u></u>      | NAME OF COMMITTEE (In Full)   |              |  |  |  |  |  |  |
| $  \rangle$  | American Hospital Association PAC   |              |  |  |  |  |  |  |
|              | American Hospital Association 1 Ao  |              |  |  |  |  |  |  |
| _            | Full Name (Last, First, Middle Initial)   |              |  |  |  |  |  |  |
| A.           | Mr Harry Reese  |              |  | Date of Receipt                                |  |  |  |  |
|              | Mailing Address 303 North Clyde Morris  | Blvd         |  | 12 20 2006                                     |  |  |  |  |
|              | City  | State        | Zip Code   | Transaction ID: 13617538                       |  |  |  |  |
|              | Daytona Beach   | FL           | 32114-2709                                       | Amount of Each Receipt this Period             |  |  |  |  |
|              | FEC ID number of contributing   |              |  |  |  |  |  |  |
|              | federal political committee.  | C            |  | 250.00   |  |  |  |  |
|              | Name of Employer  | Occupation   | 1  | +  |  |  |  |  |
|              | Name of Employer<br>Halifax Community Health  |              | ancial Officer                                   |  |  |  |  |  |
|              | System Receipt For:   | 1            | Year-to-Date ▼                                   |  |  |  |  |  |
|              | Primary General   | 1 1          |  | 1  |  |  |  |  |
|              | Other (specify) ▼   |              | 250.00   |  |  |  |  |  |
|              |   |              |  |  |  |  |  |  |
| В.           | Full Name (Last, First, Middle Initial) Mr. William J. Robinson                                   |              |  | Date of Receipt                                |  |  |  |  |
| ٠.           | Mailing Address 9231 S.W. 42nd Lane   |              |  | M M / D D / Y Y Y Y                            |  |  |  |  |
|              |   |              |  | 12 20 2006                                     |  |  |  |  |
|              | City  | State        | Zip Code   | Transaction ID: 13617539                       |  |  |  |  |
|              | Gainesville   | <u>FL</u>    | 32608-4171                                       | Amount of Each Receipt this Period             |  |  |  |  |
|              | FEC ID number of contributing   | С            |  | 250.00   |  |  |  |  |
|              | federal political committee.  | 9            |  |  |  |  |  |  |
|              | Name of Employer<br>Shands HealthCare   | Occupation   | 1  | 7  |  |  |  |  |
|              |   | 1 -          | Treasurer/Finance                                |  |  |  |  |  |
|              | Receipt For:  | Aggregate    | Year-to-Date ▼                                   |  |  |  |  |  |
|              | Primary General Other (specify) ▼   |              | 500.00   |  |  |  |  |  |
|              | Other (specify)   | 1            | 0 0 0 0 0 0 0                                    |  |  |  |  |  |
| _            | Full Name (Last, First, Middle Initial)   |              |  |  |  |  |  |  |
| C.           | Mr Paul M Rosenberg   |              |  | Date of Receipt                                |  |  |  |  |
|              | Mailing Address 1600 SW Archer Road   |              |  | 12 20 206                                      |  |  |  |  |
|              | City  | State        | Zip Code   | Transaction ID: 13617540                       |  |  |  |  |
|              | Gainesville   | FL           | 32610-0326                                       | Amount of Each Receipt this Period             |  |  |  |  |
|              | FEC ID number of contributing   |              |  |  |  |  |  |  |
|              | federal political committee.  | C            |  | 500.00   |  |  |  |  |
|              | Name of Employer  | Occupation   | 1  | +  |  |  |  |  |
|              | Name of Employer<br>Shands HealthCare   |              | ce President and General C                       | oun  |  |  |  |  |
| Receipt For: |   |              | Year-to-Date ▼                                   | 7  |  |  |  |  |
|              | Primary General   |              | 1000.00  | 1  |  |  |  |  |
|              | Other (specify) ▼   |              | 1000.00  |  |  |  |  |  |
| _            |   |              |  |  |  |  |  |  |
|              | SUBTOTAL of Descints This Page (entions)  |              |  |  |  |  |  |  |
|              | UBTOTAL of Receipts This Page (optional)  |              | <u> </u>   | - 1330130                                      |  |  |  |  |
| 1            |   |              |  |  |  |  |  |  |

| SC                | CHEDULE A (FEC Form 3X)  |                         | Llea coperate cohedula(a)                           | FOR LINE NUMBER:             | PAGE 185 / 228    |  |  |
|-------------------|--|-------------------------|---|------------------------------|-------------------|--|--|
| ITEMIZED RECEIPTS |  |                         | Use separate schedule(s)<br>or each category of the | (check only one)             | , –               |  |  |
|                   | LIVIIZED RECEIP I 3  |                         | Detailed Summary Page                               | X 11a 11b                    | 11c   12          |  |  |
| Δη                | y information copied from such Reports and Sta                         | atomente mo             | y not he sold or used by any norse                  | n for the purpose of solicit | 15 16 17          |  |  |
| or f              | or commercial purposes, other than using the r                         | name and add            | dress of any political committee to                 | solicit contributions from s | such committee.   |  |  |
| $\overline{}$     | NAME OF COMMITTEE (In Full)  |                         |   |                              |                   |  |  |
| $\geq$            | American Hospital Association PAC                                      |                         |   |                              |                   |  |  |
| ۹.                | Full Name (Last, First, Middle Initial) Ms. Deanna Schaeffer           |                         |   | Date of Receipt              |                   |  |  |
|                   | Mailing Address 16 Remington Road                                      |                         |   | 12 20                        | 2006              |  |  |
|                   | City   | State                   | Zip Code  | Transaction ID: 13           |                   |  |  |
|                   | Ormond Beach   | FL                      | 32174-2527  | Amount of Each Red           | ceipt this Period |  |  |
|                   | FEC ID number of contributing federal political committee.             | C                       |   |                              | 500.00            |  |  |
|                   | Name of Employer<br>Halifax Community Health<br>System                 | Occupation<br>Administr |   |                              |                   |  |  |
|                   | Receipt For:   |                         | e Year-to-Date ▼                                    |                              |                   |  |  |
|                   | Primary General Other (specify) ▼                                      |                         | 500.00  | ]                            |                   |  |  |
|                   | Full Name (Last, First, Middle Initial) Dr. Charles A Schauer, , Ph.D. |                         |   | Date of Receipt              |                   |  |  |
|                   | Mailing Address 3599 University Blvd Sc                                | outh                    |   | M M / D D D 1 2 2 0          | 2006              |  |  |
|                   | City   | State                   | Zip Code  | Transaction ID: 13           |                   |  |  |
|                   | Jacksonville   | FL                      | 32216-4211  | Amount of Each Red           |                   |  |  |
|                   | FEC ID number of contributing federal political committee.             | С                       |   |                              | 250.00            |  |  |
|                   | rederai politicai committee.   |                         |   |                              |                   |  |  |
|                   | Name of Employer<br>Brooks Rehabilitation Hos-                         | Occupation              |   |                              |                   |  |  |
|                   | pital Receipt For:   | President               | e Year-to-Date ▼                                    |                              |                   |  |  |
|                   | Primary General  | Aggregate               |   | 1                            |                   |  |  |
|                   | Other (specify) ▼  |                         | 500.00  |                              |                   |  |  |
| _                 | Full Name (Last, First, Middle Initial)<br>Ms. Rhonda Sherrod          |                         |   | Date of Receipt              |                   |  |  |
|                   | Mailing Address 1100 SW 11th Street                                    |                         |   | 12 20                        | 2006              |  |  |
|                   | City   | State                   | Zip Code  | Transaction ID: 13           | 617544            |  |  |
|                   | Live Oak   | <u>FL</u>               | 32060-3608  | Amount of Each Red           | ceipt this Period |  |  |
|                   | FEC ID number of contributing federal political committee.             | C                       |   |                              | 500.00            |  |  |
|                   | Name of Employer<br>Shands at Live Oak                                 | Occupation<br>Chief Exe | n<br>ecutive Officer                                |                              |                   |  |  |
|                   | Receipt For:   | Aggregate               | e Year-to-Date ▼                                    |                              |                   |  |  |
|                   | Primary General Other (specify) ▼                                      |                         | 500.00  |                              |                   |  |  |
| <br>Sl            | SUBTOTAL of Receipts This Page (optional)                              |                         |   |                              |                   |  |  |
| _                 |  |                         |   | -                            |                   |  |  |
| TC                | OTAL This Period (last page this line number o                         | nly)                    |   |                              |                   |  |  |

| SCHEDULE A (FEC Form 3X) |   |                           | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 186 / 228  |  |  |  |
|--------------------------|---|---------------------------|---|--|--|--|--|
| ITEMIZED RECEIPTS        |   |                           | or each category of the   | (check only one)  X 11a  11b  11c  12  |  |  |  |
|                          |   |                           | Detailed Summary Page   | 13 14 15 16 17   |  |  |  |
| Ar<br>or                 | ny information copied from such Reports and State<br>for commercial purposes, other than using the na | ements may<br>ime and add | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |  |
| $\overline{}$            | NAME OF COMMITTEE (In Full)   |                           |   |  |  |  |  |
| $\rangle$                | American Hospital Association PAC   |                           |   |  |  |  |  |
| ۹.                       | Full Name (Last, First, Middle Initial) Mr Edward Simpson   |                           |   | Date of Receipt  |  |  |  |
|                          | Mailing Address 4626 Harbour Village Blv  | d.                        |   | 12 20 20 6   |  |  |  |
|                          | City  | State                     | Zip Code  | Transaction ID: 13617545   |  |  |  |
|                          | Ponce Intel   | FL                        | 32117   | Amount of Each Receipt this Period   |  |  |  |
|                          | FEC ID number of contributing federal political committee.  | C                         |   | 250.00   |  |  |  |
|                          | Name of Employer<br>Halifax Community Health<br>System  | Occupation CEO            | ١   |  |  |  |  |
|                          | Receipt For:  | Aggregate                 | e Year-to-Date ▼  |  |  |  |  |
|                          | Primary General Other (specify) ▼   |                           | 250.00  |  |  |  |  |
| 3.                       | Full Name (Last, First, Middle Initial) Mr. Alfred G Stubblefield                                     |                           |   | Date of Receipt  |  |  |  |
|                          | Mailing Address 1717 North 'E' Street, Ste  | 12 2006                   |   |  |  |  |  |
|                          | City  | State                     | Zip Code  | Transaction ID: 13617548   |  |  |  |
|                          | Pensacola   | FL                        | 32501-6377  | Amount of Each Receipt this Period   |  |  |  |
|                          | FEC ID number of contributing federal political committee.  | C                         |   | 1000.00  |  |  |  |
|                          | Name of Employer<br>Baptist Health Care Corpo-  | Occupation                |   |  |  |  |  |
|                          | ration Receipt For:   | President                 | e Year-to-Date ▼  | -  |  |  |  |
|                          | Primary General   | , iggi ogalo              |   |  |  |  |  |
|                          | Other (specify)   |                           | 1000.00   |  |  |  |  |
| о.<br>Э.                 | Full Name (Last, First, Middle Initial) Mr. William E. Woeltjen                                       |                           |   | Date of Receipt  |  |  |  |
|                          | Mailing Address 1020 Sonato Lane  |                           |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |  |  |
|                          | City  | State                     | Zip Code  | Transaction ID: 13617553   |  |  |  |
|                          | Apollo Beach  | FL                        | 33572-2727  | Amount of Each Receipt this Period   |  |  |  |
|                          | FEC ID number of contributing federal political committee.  | С                         |   | 100.00   |  |  |  |
|                          | Name of Employer<br>Sacred Heart Health System  | Occupation Vice Pres      | sident  |  |  |  |  |
|                          | Receipt For:  | Aggregate                 | Year-to-Date ▼  |  |  |  |  |
|                          | Primary General Other (specify) ▼   |                           | 250.00  |  |  |  |  |
| s                        | SUBTOTAL of Receipts This Page (optional)   |                           |   |  |  |  |  |
| т                        | OTAL This Period (last page this line number onl  | lv)                       |   |  |  |  |  |
| •                        |   | J / ······                | ······································                              |  |  |  |  |

|               | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  |              | Use separate schedule(s) or each category of the Detailed Summary Page      | FOR LINE NUMBER: PAGE 187 / 228 (check only one)  X 11a 11b 11c 12                                       |
|---------------|--|--------------|---|--|
| An            | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r  | atements may | not be sold or used by any perso<br>dress of any political committee to     | n for the purpose of soliciting contributions solicit contributions from such committee.                 |
| $\frac{1}{2}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |              | , , , ,   |  |
| Α.            | Full Name (Last, First, Middle Initial) Mr. Alan D Knight, , CHE  Mailing Address 275 Sandwich Street  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer Jordan Hospital  Receipt For: Primary General Other (specify)                   | 1            | Zip Code 02360-2183  It and Chief Executive Officer Perer-to-Date ▼ 500.00  | Date of Receipt  M M M / 21 / 2006  Transaction ID: 13618867  Amount of Each Receipt this Period  500.00 |
| 3.            | Full Name (Last, First, Middle Initial) Mr. David W Benfer, , FACHE Mailing Address 1450 Chapel Street  City New Haven  FEC ID number of contributing federal political committee.  Name of Employer Hospital of Saint Raphael  Receipt For: Primary General Other (specify)       |              | Zip Code 06511-4405  In and Chief Executive Officer 9 Year-to-Date ▼ 500.00 | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| <b>D.</b>     | Full Name (Last, First, Middle Initial) Mr. Clark R. Cosse, III Mailing Address 9521 Brookline Avenue  City Baton Rouge  FEC ID number of contributing federal political committee.  Name of Employer Louisiana Hospital Association  Receipt For: Primary General Other (specify) |              | Zip Code 70809-8409  n sident, Legal & Government Year-to-Date ▼  500.00    | Date of Receipt  M M M / 29 / 2006  Transaction ID: 13620695  Amount of Each Receipt this Period  500.00 |
| S             | UBTOTAL of Receipts This Page (optional)   |              | ·····   | 1500.00  |
| T             | OTAL This Period (last page this line number o   | nly)         | <b>)</b>  |  |

| SCHEDULE A (FEC Form 3X) |   |                         | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 188 / 228                   |
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|                          | EMIZED RECEIPTS   |                         | or each category of the             | (check only one)                                  |
| ••                       |   |                         | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17           |
| Δη                       | y information copied from such Reports and Si                             | atements may            | y not he sold or used by any ners   | <del>, , , , , , , , , , , , , , , , , , , </del> |
| or                       | for commercial purposes, other than using the                             | name and add            | dress of any political committee to | o solicit contributions from such committee.      |
| $\setminus$              | NAME OF COMMITTEE (In Full)   |                         |                                     |   |
|                          | American Hospital Association PAC   |                         |                                     |   |
| A.                       | Full Name (Last, First, Middle Initial) Mr. Ralph Dean                    |                         |                                     | Date of Receipt                                   |
|                          | Mailing Address 1401 Foucher Street                                       |                         |                                     | 12 29 2006  |
|                          | City  | State                   | Zip Code                            | Transaction ID: 13620696                          |
|                          | New Orleans   | LA                      | 70115-3515                          | Amount of Each Receipt this Period                |
|                          | FEC ID number of contributing federal political committee.                | C                       |                                     | 500.00  |
|                          | Name of Employer<br>Touro Infirmary                                       | Occupation<br>Senior Vi | n<br>ce President                   |   |
|                          | Receipt For:  | Aggregate               | Year-to-Date ▼                      |   |
|                          | Primary General   |                         | 500.00                              | 1   |
|                          | Other (specify) ▼   |                         | 300.00                              |   |
| В.                       | Full Name (Last, First, Middle Initial)<br>Mr. James K Elrod              |                         |                                     | Date of Receipt                                   |
|                          | Mailing Address 2600 Greenwood Road                                       | 1                       |                                     | 12 29 2006  |
|                          | City  | State                   | Zip Code                            | Transaction ID: 13620697                          |
|                          | Shreveport  | LA                      | 71130-2600                          | Amount of Each Receipt this Period                |
|                          | FEC ID number of contributing federal political committee.                | C                       |                                     | 500.00  |
|                          | Name of Employer<br>Willis-Knighton Health Sy-<br>stem                    | Occupation<br>President | n<br>t and Chief Executive Office   | <br>r   |
|                          | Receipt For:  | Aggregate               | Year-to-Date ▼                      |   |
|                          | Primary General   |                         | 500.00                              | 7   |
|                          | Other (specify)   | 0 0                     | 300.00                              |   |
| C.                       | Full Name (Last, First, Middle Initial)<br>Mr. Erie J. Hebert, Jr., FAHCE |                         |                                     | Date of Receipt                                   |
|                          | Mailing Address 1101 Medical Center B                                     | lvd.                    |                                     | 12 29 2006  |
|                          | City  | State                   | Zip Code                            | Transaction ID: 13620698                          |
|                          | Marrero   | LA                      | 70072-3191                          | Amount of Each Receipt this Period                |
|                          | FEC ID number of contributing federal political committee.                | C                       |                                     | 500.00  |
|                          | nitoi   |                         |                                     |   |
|                          |   |                         | ce President<br>• Year-to-Date ▼    | $\dashv$  |
|                          |   |                         | rear-to-Date V                      | 7   |
| Other (specify)          |   |                         | 500.00                              |   |
| s                        | UBTOTAL of Receipts This Page (optional)                                  | 1500.00                 |                                     |   |
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| T                        | OTAL This Period (last page this line number                              | only)                   |                                     |   |

| SCHEDULE A (FEC Form 3X)               |  |                              | Use separate schedule(s)   | FOR LINE NUMBER:   | PAGE 189 / 228                      |
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| ITEMIZED RECEIPTS                      |  |                              | or each category of the  | (check only one)   |                                     |
| •••                                    | LIMIZED RECEIF 13  |                              | Detailed Summary Page  | X 11a 11b  | 11c   12                            |
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| or                                     | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements may<br>name and add | not be sold or used by any persol<br>dress of any political committee to | n for the purpose of solic<br>solicit contributions from | iting contributions such committee. |
|  | NAME OF COMMITTEE (In Full)  |                              | ,                                  |  |                                     |
| $  \rangle$                            | American Hospital Association PAC  |                              |  |  |                                     |
|  | 7 in one and 1 loopital 7 loops at lot 1 7 lo  |                              |  |  |                                     |
| _                                      | Full Name (Last, First, Middle Initial)  |                              |  |  |                                     |
| Α.                                     | Mr. Leslie D Hirsch, , FACHE   |                              |  | Date of Receipt  |                                     |
|  | Mailing Address 1401 Foucher Street  |                              |  | 12 29  |                                     |
|  | City   | State                        | Zip Code   | Transaction ID: 1  |                                     |
|  | New Orleans  | LA                           | 70115-3515   | Amount of Each R   |                                     |
|  |  |                              | 70110 0010   | Amount of Laciffit                                       | · · · · · ·                         |
|  | FEC ID number of contributing federal political committee.                                     | C                            |  |  | 500.00                              |
|  |  |                              |  |  |                                     |
|  | Name of Employer<br>Touro Rehabilitation Cent-   | Occupation                   |  |  |                                     |
|  | er   |                              | t and Chief Executive Officer  |  |                                     |
|  | Receipt For: Primary General   | Aggregate                    | Year-to-Date ▼   |  |                                     |
|  | Other (specify)  |                              | 500.00   |  |                                     |
|  |  | 0 0                          | 0 0 0 0 0 0 0  |  |                                     |
| _                                      | Full Name (Last, First, Middle Initial)  |                              |  |  |                                     |
| В.                                     |  |                              |  | Date of Receipt  |                                     |
|  | Mailing Address P O Box 2511   |                              |  | M M / D D  |                                     |
|  | C:h.   | Ctoto                        | Zin Codo   | 12 29  |                                     |
|  | City Paten Pauge   | State<br>LA                  | Zip Code   | Transaction ID: 1  |                                     |
|  | Baton Rouge  | LA                           | 70821-2511   | Amount of Each R   | ecelpt this Period                  |
|  | FEC ID number of contributing federal political committee.                                     | C                            |  |  | 500.00                              |
|  |  |                              |  |  |                                     |
|  | Name of Employer<br>Baton Rouge General Medic-   | Occupation                   |  |  |                                     |
|  | al Center  |                              | t and Chief Executive Officer  |  |                                     |
|  | Receipt For: Primary General   | Aggregate                    | Year-to-Date ▼   |  |                                     |
|  | Other (specify)  |                              | 500.00   |  |                                     |
|  | Carlot (openity) 🔻   |                              | 0 0 0 0 0 0 0  |  |                                     |
| _                                      | Full Name (Last, First, Middle Initial)  |                              |  |  |                                     |
| C.                                     | Mr. Mark E Marley, , CHE   |                              |  | Date of Receipt  |                                     |
|  | Mailing Address P O Box 2009   |                              |  | 1 2 2 9  |                                     |
|  | City.  | Ctoto                        | Zin Codo   |  |                                     |
|  | City Natchitoches  | State<br>LA                  | Zip Code<br>71457-2009   | Transaction ID: 1  |                                     |
|  |  | LA                           | 71437-2009   | Amount of Each R   | eceipt this Period                  |
|  | FEC ID number of contributing federal political committee.                                     | C                            |  |  | 500.00                              |
|  |  |                              |  |  |                                     |
|  | Natchitoches Régional Med-<br>ical Center  |                              | 1  |  |                                     |
|  |  |                              | ecutive Officer  |  |                                     |
| Receipt For:  Primary  Other (specify) |  |                              | Year-to-Date ▼   |  |                                     |
|  |  |                              | 500.00   |  |                                     |
|  | Carior (opcomy) 🔻  |                              |  |  |                                     |
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| s                                      | UBTOTAL of Receipts This Page (optional)   |                              |  |  | 1500.00                             |
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| T                                      |  |                              |  |  |                                     |

| S  | CHEDULE A (FEC Form 3X)  |                         | Use separate schedule(s)                  | FOR LINE NUMBER:               | PAGE 190 / 228           |  |  |
|----|--|-------------------------|---|--------------------------------|--------------------------|--|--|
|    | EMIZED RECEIPTS  |                         | or each category of the                   | (check only one)               | 🗖                        |  |  |
| •• |  |                         | Detailed Summary Page                     |                                | 11c   12<br>15   16   17 |  |  |
| Ar | ny information copied from such Reports and State                  | ements may              | $\gamma$ not be sold or used by any perso | n for the purpose of solicitin | a contributions          |  |  |
| or | for commercial purposes, other than using the na                   | me and add              | dress of any political committee to       | solicit contributions from su  | ch committee.            |  |  |
|    | NAME OF COMMITTEE (In Full)  |                         |   |                                |                          |  |  |
|    | American Hospital Association PAC                                  |                         |   |                                |                          |  |  |
| Α. | Full Name (Last, First, Middle Initial) Dr. Mark J Peters, , M.D.  |                         |   | Date of Receipt                |                          |  |  |
| Α. | Mailing Address 4200 Houma Boulevard                               |                         |   | M M / D D /                    | YYYY                     |  |  |
|    | 4200 Hodina Bodievara  |                         |   | 12 29                          | 2006                     |  |  |
|    | City   | State                   | Zip Code                                  | Transaction ID: 1362           |                          |  |  |
|    | Metairie   | LA                      | 70006-2970                                | Amount of Each Rece            | ipt this Period          |  |  |
|    | FEC ID number of contributing federal political committee.         | C                       |   |                                | 500.00                   |  |  |
|    | Name of Employer<br>East Jefferson General Ho-<br>spital           | Occupation<br>President | n<br>t and Chief Executive Officer        |                                |                          |  |  |
|    | Receipt For:   | Aggregate               | e Year-to-Date ▼                          |                                |                          |  |  |
|    | Primary General Other (specify) ▼                                  | '''                     | 1000.00                                   |                                |                          |  |  |
|    | Cities (Specify)   |                         | 0 0 0 0 0 0 0                             |                                |                          |  |  |
| В. | Full Name (Last, First, Middle Initial)<br>Mr. Sean M. Prados, MPA |                         |   | Date of Receipt                |                          |  |  |
|    | Mailing Address 9521 Brookline Avenue                              |                         |   | 1 2 / D D / 2 9                | 2006                     |  |  |
|    | City   | State                   | Zip Code                                  | Transaction ID: 1362           | Transaction ID: 13620703 |  |  |
|    | Baton Rouge  | LA                      | 70809-8409                                | Amount of Each Rece            | ipt this Period          |  |  |
|    | FEC ID number of contributing federal political committee.         | C                       |   |                                | 500.00                   |  |  |
|    | Name of Employer<br>Louisiana Hospital Associ-                     | Occupation              |   | 7                              |                          |  |  |
|    | ation  |                         | ce President                              |                                |                          |  |  |
|    | Receipt For: Primary General                                       | Aggregate               | e Year-to-Date ▼                          |                                |                          |  |  |
|    | Other (specify) ▼  |                         | 500.00                                    |                                |                          |  |  |
| _  | Full Name (Last, First, Middle Initial)                            |                         |   | Date of Descipt                |                          |  |  |
| C. | Mr. Thomas J Stone, , CHE  Mailing Address P O Drawer 1368         |                         |   | Date of Receipt                | YYYY                     |  |  |
|    |  |                         |   | 12 29                          | 2006                     |  |  |
|    | City   | State                   | Zip Code                                  | Transaction ID: 1362           |                          |  |  |
|    | Ruston   | LA                      | 71273-1368                                | Amount of Each Rece            | ipt this Period          |  |  |
|    | FEC ID number of contributing federal political committee.         | C                       |   |                                | 500.00                   |  |  |
|    | Name of Employer<br>Lincoln General Hospital                       | Occupation<br>Chief Exe | n<br>ecutive Officer                      |                                |                          |  |  |
|    |  |                         | e Year-to-Date ▼                          |                                |                          |  |  |
|    | Primary General Other (specify) ▼                                  |                         | 650.00                                    |                                |                          |  |  |
|    | Other (apocety) \  | -                       | 0 0 0 0 0 0 0                             |                                |                          |  |  |
| s  | UBTOTAL of Receipts This Page (optional)                           |                         |   |                                | 1500.00                  |  |  |
| H  | . 3 (1 7   |                         |   |                                |                          |  |  |
| т  | OTAL This Period (last page this line number on                    | ly)                     | <b></b>                                   |                                |                          |  |  |

| S           | CHEDULE A (FEC Form 3X)   |             | 11  | FOR LINE NUMBER: PAGE 191 / 228                |
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|             | •   |             | Use separate schedule(s)<br>or each category of the | (check only one)                               |
| 11          | EMIZED RECEIPTS   |             | Detailed Summary Page                               | X 11a 11b 11c 12                               |
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| Ar          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | tements may | not be sold or used by any person                   | on for the purpose of soliciting contributions |
| 7           | NAME OF COMMITTEE (In Full)   |             | noco or any pontion committee to                    |  |
| $  \rangle$ | American Hospital Association PAC   |             |   |  |
|             | American Hospital Association 1 Ao  |             |   |  |
| _           | Full Name (Last, First, Middle Initial)   |             |   |  |
| Α.          | Ms. Karen Sue Zoeller   |             |   | Date of Receipt                                |
|             | Mailing Address 9521 Brookline Avenue   |             |   | 12 29 2006                                     |
|             | City  | State       | Zip Code  | Transaction ID: 13620705                       |
|             | Baton Rouge   | LA          | 70809-1431  | Amount of Each Receipt this Period             |
|             | FEC ID number of contributing   |             |   | 500.00   |
|             | federal political committee.  | C           |   | 500.00   |
|             | Name of Employer  | Occupation  | <br>1   | _  |
|             | Name of Employer<br>Louisiana Hospital Associ-<br>ation   | Vice Pres   |   |  |
|             | Receipt For:  | Aggregate   | Year-to-Date ▼                                      |  |
|             | Primary General   |             | F00.00  | 1  |
|             | Other (specify) ▼   |             | 500.00  |  |
| _           |   |             |   |  |
| В.          | Full Name (Last, First, Middle Initial)<br>Mr. Alfred Abunza                                      |             |   | Date of Receipt                                |
|             | Mailing Address 1101 Medical Center Bo  | ulevard     |   | M M / D D / Y Y Y Y                            |
|             |   |             |   | 12 29 2006                                     |
|             | City  | State       | Zip Code  | Transaction ID: 13620706                       |
|             | Marrero   | LA          | 70072-3147  | Amount of Each Receipt this Period             |
|             | FEC ID number of contributing   | C           |   | 250.00   |
|             | federal political committee.  |             |   |  |
|             | Name of Employer<br>West Jefferson Medical Ce-  | Occupation  |   |  |
|             | nter  |             | dical Officer                                       |  |
|             | Receipt For:  | Aggregate   | Year-to-Date ▼                                      |  |
|             | Primary General Other (specify) ▼   |             | 250.00  |  |
|             | Other (specify)   | -           | 0 0 0 0 0 0 0                                       | 1  |
| _           | Full Name (Last, First, Middle Initial)   |             |   |  |
| C.          | Mr. Kenneth E Alexander   |             |   | Date of Receipt                                |
|             | Mailing Address 8595 United Plaza Boul  | evard       |   | 12 29 2006                                     |
|             | City  | State       | Zip Code  | Transaction ID: 13620707                       |
|             | Baton Rouge   | LA          | 70809-2251  | Amount of Each Receipt this Period             |
|             | FEC ID number of contributing   |             |   |  |
|             | federal political committee.  | C           |   | 250.00   |
|             | Name of Employer  | Occupation  | 1   | $\dashv$                                       |
|             | Name of Employer HEALTHSOUTH Rehabilitation Hospital of   |             | ecutive Officer                                     |  |
|             | Receipt For:  | 1           | Year-to-Date ▼                                      |  |
|             | Primary General   |             | 250.00  | 1  |
|             | Other (specify)   |             | 250.00  |  |
| _           |   |             |   |  |
|             |   |             |   | 1000.00  |
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| S        | CHEDULE A (FEC Form 3X)  |              | 11   | FOR LINE NUMBER: PAGE 192 / 228                |  |  |  |  |
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| Ш        | EMIZED RECEIPTS  |              | Detailed Summary Page                            | X 11a 11b 11c 12                               |  |  |  |  |
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| An       | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements may | not be sold or used by any perso                 | on for the purpose of soliciting contributions |  |  |  |  |
| or       |  | name and add | aress of any political committee to              | solicit contributions from such committee.     |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)  |              |  |  |  |  |  |  |
| $\angle$ | American Hospital Association PAC  |              |  |  |  |  |  |  |
| A.       | Full Name (Last, First, Middle Initial)<br>Ms. Theresa Anderson                                |              |  | Date of Receipt                                |  |  |  |  |
|          | Mailing Address 1101 Medical Center BI   | vd.          |  | 12 29 2006                                     |  |  |  |  |
|          | City   | State        | Zip Code   | Transaction ID: 13620708                       |  |  |  |  |
|          | Marrero  | LA           | 70072-3191                                       | Amount of Each Receipt this Period             |  |  |  |  |
|          | FEC ID number of contributing  |              |  |  |  |  |  |  |
|          | federal political committee.   | C            |  | 250.00   |  |  |  |  |
|          | Name of Employer<br>West Jefferson Medical Ce-   | Occupation   | n<br>ce President                                | 7  |  |  |  |  |
|          | nter Receipt For:  |              | Year-to-Date $\nabla$                            | _  |  |  |  |  |
|          | Primary General  | Ayyreyale    | Fredi-10-Date ▼                                  | 1  |  |  |  |  |
|          | Other (specify)  |              | 250.00   |  |  |  |  |  |
|          |  |              | 0 0 0 0 0 0 0                                    | 1  |  |  |  |  |
| В.       | Full Name (Last, First, Middle Initial) Mr James P Barbuat                                     |              |  | Date of Receipt                                |  |  |  |  |
|          | Mailing Address P O Box 1389   |              |  | M M / D D / Y Y Y Y                            |  |  |  |  |
|          |  |              |  | 12 29 2006                                     |  |  |  |  |
|          | City   | State        | Zip Code   | Transaction ID: 13620709                       |  |  |  |  |
|          | <u>Opelousas</u>   | LA           | 70571-1389                                       | Amount of Each Receipt this Period             |  |  |  |  |
|          | FEC ID number of contributing federal political committee.                                     | С            |  | 250.00   |  |  |  |  |
|          | rederal political committee.   |              |  |  |  |  |  |  |
|          | Name of Employer<br>Opelousas General Health   | Occupation   |  |  |  |  |  |  |
|          | System   |              | sident Financial Services                        |  |  |  |  |  |
|          | Receipt For:   | Aggregate    | Year-to-Date ▼                                   |  |  |  |  |  |
|          | Primary General  |              | 250.00   |  |  |  |  |  |
|          | Other (specify) ▼  | 0 0          |  |  |  |  |  |  |
| <u> </u> | Full Name (Last, First, Middle Initial) Mr. William F Barrow                                   |              |  | Date of Receipt                                |  |  |  |  |
| J.       | Mailing Address P O Box 4027   |              |  | M M / D D / Y Y Y Y                            |  |  |  |  |
|          |  |              |  | 12 29 2006                                     |  |  |  |  |
|          | City   | State        | Zip Code   | Transaction ID: 13620710                       |  |  |  |  |
|          | Lafayette  | LA           | 70502-4027                                       | Amount of Each Receipt this Period             |  |  |  |  |
|          | FEC ID number of contributing  | С            |  | 250.00   |  |  |  |  |
|          | federal political committee.   |              |  | 230.30   |  |  |  |  |
|          | Name of Employer<br>Our Lady of Lourdes Regio-   | Occupation   |  |  |  |  |  |  |
|          | nal Medical C  |              | and Chief Executive Officer                      | <u> </u>                                       |  |  |  |  |
|          | Receipt For:   | Aggregate    | Year-to-Date ▼                                   | . [  |  |  |  |  |
|          | Primary General  | 1            | 250.00   |  |  |  |  |  |
|          | Other (specify)  |              |  |  |  |  |  |  |
|          |  |              |  |  |  |  |  |  |
|          | UBTOTAL of Receipts This Page (optional)   |              |  | 750.00   |  |  |  |  |
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| SCHEDULE A (FEC Form 3X) |  |                         | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 193 / 228   |
|--------------------------|--|-------------------------|---|---|
| ITEMIZED RECEIPTS        |  | or each category of the |   | (check only one)  |
|                          |  |                         | Detailed Summary Page   | X 11a 11b 11c 12  |
|                          |  |                         | ,   | 13 14 15 16 17  |
| Ar                       | ny information copied from such Reports and St for commercial purposes, other than using the | atements may            | not be sold or used by any persodress of any political committee to | on for the purpose of soliciting contributions oscilicit contributions from such committee. |
| $\setminus$              | NAME OF COMMITTEE (In Full)  |                         |   |   |
|                          | American Hospital Association PAC  |                         |   |   |
| Α.                       | Full Name (Last, First, Middle Initial)<br>Mr. James E Cathey                                |                         |   | Date of Receipt   |
|                          | Mailing Address P O Box 2668   | 12 29 2006              |   |   |
|                          | City   | State                   | Zip Code  | Transaction ID: 13620711  |
|                          | Hammond  | LA                      | 70404-2668  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.                                   | C                       |   | 250.00  |
|                          | Name of Employer<br>North Oaks Medical Center  | Occupation Chief Exe    | n<br>ecutive Officer  |   |
|                          | Receipt For:   | Aggregate               | e Year-to-Date ▼  |   |
|                          | Primary General  |                         | 050.00  | 1   |
|                          | Other (specify) ▼  |                         | 250.00  |   |
| В.                       | Full Name (Last, First, Middle Initial)<br>Dr. John J. Finn, Ph.D.                           |                         |   | Date of Receipt   |
|                          | Mailing Address 417 Magnolia Lane  | 12 29 2006              |   |   |
|                          | City   | State                   | Zip Code  | Transaction ID: 13620712  |
|                          | Mandeville   | LA                      | 70471-1646  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.                                   | C                       |   | 250.00  |
|                          | Name of Employer<br>Metropolitan Hospital Cou-<br>ncil of New O                              | Occupation<br>President |   |   |
|                          | Receipt For:   | Aggregate               | e Year-to-Date ▼  |   |
|                          | Primary General  | -                       |   | 1   |
|                          | Other (specify) ▼  | 0 0                     | 250.00  |   |
| <u>с.</u>                | Full Name (Last, First, Middle Initial)<br>Mr. Conrad G Flowers                              |                         |   | Date of Receipt   |
|                          | Mailing Address 1900 Main Street   |                         |   | 12 29 2006  |
|                          | City   | State                   | Zip Code  | Transaction ID: 13620713  |
|                          | Franklinton  | LA                      | 70438-3688  | Amount of Each Receipt this Period  |
|                          | FEC ID number of contributing federal political committee.                                   | C                       |   | 250.00  |
|                          | Name of Employer<br>Riverside Medical Center   | Occupation Chief Exe    | n<br>ecutive Officer  |   |
|                          | Receipt For:  Primary General  Other (specify) ▼   | Aggregate               | e Year-to-Date ▼<br>250.00  |   |
| s                        | UBTOTAL of Receipts This Page (optional)   |                         |   | 750.00  |

| SCHEDULE A (FEC Form 3X)                |  | Use separate schedule(s)     | FOR LINE NUMBER:  | PAGE 194 / 228   |                    |
|---|--|------------------------------|---|--|--------------------|
| ITEMIZED RECEIPTS                       |  |                              | or each category of the   | (check only one)   |                    |
| TI EIMIZED TIEGEN TO                    |  |                              | Detailed Summary Page   | X 11a 11b  | 11c   12           |
| _                                       |  |                              |   | 13 14  | 15 16 17           |
| Ar                                      | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the i | atements may<br>name and add | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of solic<br>solicit contributions from | such committee.    |
|   | NAME OF COMMITTEE (In Full)  |                              | 7,1111111111111111111111111111111111111                                 |  |                    |
| $  \rangle$                             | American Hospital Association PAC  |                              |   |  |                    |
|   | 7 in or oan Troophar 7 lood of all of 17 7 lo  |                              |   |  |                    |
| _                                       | Full Name (Last, First, Middle Initial)  |                              |   |  |                    |
| A.                                      | Ms. Ellen M Jones  |                              |   | Date of Receipt  |                    |
|   | Mailing Address P O Box 3401   |                              |   | 12 29  |                    |
|   | City   | State                        | Zip Code  | Transaction ID: 13                                       |                    |
|   | Lake Charles   | LA                           | 70602-3401  | Amount of Each Re  |                    |
|   | •  |                              | 70002 3401  | Amount of Lacif Re                                       | scelpt triis renou |
|   | FEC ID number of contributing federal political committee.   | C                            |   |  | 250.00             |
|   |  |                              |   |  |                    |
|   | Name of Employer<br>CHRISTUS St. Patrick Hosp-   | Occupation                   |   |  |                    |
|   | ital of Lake   |                              | t and Chief Executive Officer   |  |                    |
|   | Receipt For:  Primary  General   | Aggregate                    | Year-to-Date ▼  |  |                    |
|   | Other (specify)  | ' '                          | 250.00  |  |                    |
|   | Calci (opeany) •   | 0 0                          | 1 1 1 1 1 1 1   |  |                    |
| _                                       | Full Name (Last, First, Middle Initial)  |                              |   |  |                    |
| В.                                      |  |                              |   | Date of Receipt  |                    |
|   | Mailing Address 2400 Hospital Drive  |                              |   | M M / D D  |                    |
|   |  |                              | 7. 0 .  | 12 29  |                    |
|   | City   | State                        | Zip Code  | Transaction ID: 13                                       |                    |
|   | Bossier City   | LA                           | 71111-2385  | Amount of Each Re  | eceipt this Period |
|   | FEC ID number of contributing federal political committee.   | С                            |   |  | 250.00             |
|   | rederai politicai committee.   |                              |   |  |                    |
|   | Name of Employer<br>Willis-Knighton Bossier  | Occupation                   | า   |  |                    |
|   | Health Center  | Administ                     | rator   |  |                    |
|   | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |  |                    |
|   | Primary General  | ' '                          | 250.00  |  |                    |
|   | Other (specify)  | 0 0                          |   |  |                    |
|   | Full Name (Last, First, Middle Initial)  |                              |   |  |                    |
| C.                                      | Mr. Mitchell Leckelt   |                              |   | Date of Receipt  |                    |
|   | Mailing Address 1101 Medical Center BI   | vd.                          |   | M M / D D  |                    |
|   |  |                              |   | 12 29  |                    |
|   | City   | State                        | Zip Code  | Transaction ID: 13                                       | 3620716            |
|   | Marrero  | LA                           | 70072-3191  | Amount of Each Re  | eceipt this Period |
|   | FEC ID number of contributing  | С                            |   |  | 250.00             |
|   | federal political committee.   |                              |   |  |                    |
|   | Name of Employer<br>West Jefferson Medical Ce-   | Occupation                   | 1   |  |                    |
| nter Receipt For: Aggre Primary General |  | Senior Di                    | rector  |  |                    |
|   |  | Aggregate                    | e Year-to-Date ▼  |  |                    |
|   |  |                              | 250.00  |  |                    |
| Other (specify) ▼                       |  |                              | 250.00  |  |                    |
|   |  |                              |   |  |                    |
| _                                       | IIDTOTAL of Descints This Bases (see 1)  |                              |   |  | 750.00             |
| L                                       | UBTOTAL of Receipts This Page (optional)   |                              | <u> </u>  |  |                    |
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|             | CHEDULE A (FEC Form 3X)  |                 | Use separate schedule(s) or each category of the                          | (check only one)   |
|-------------|--|-----------------|---|--|
| -           | EMIZED RECEIPTS  |                 | Detailed Summary Page   | X 11a 11b 11c 12<br>13 14 15 16 17   |
| Ar<br>or    | ny information copied from such Reports and Statement for commercial purposes, other than using the name a | nts may         | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\setminus$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC  |                 |   |  |
| Α.          | Full Name (Last, First, Middle Initial) Ms. Dee LeJeune  |                 |   | Date of Receipt  |
|             | Mailing Address 1125 West Highway 30   |                 |   | 12 29 2006   |
|             | City St. Gonzales LA   | ate<br>A        | Zip Code<br>70737-5004  | Transaction ID: 13620717  Amount of Each Receipt this Period                             |
|             | FEC ID number of contributing federal political committee.   |                 |   | 250.00   |
|             | St Elizabeth Hécnital  | upatio<br>ef Ex | n<br>ecutive Officer  |  |
|             | Receipt For:  Primary General  Other (specify) ▼   | gregate         | e Year-to-Date ▼ 500.00   |  |
| В.          | Full Name (Last, First, Middle Initial) Ms. Phyllis Peoples, , MSN, R.N Mailing Address P O Box 6037       |                 |   | Date of Receipt  |
|             |  | ata .           | 7in Codo  | 12 29 2006   |
|             | City St. Houma LA  | ate<br>1        | Zip Code<br>70361-6037  | Transaction ID: 13620718   |
|             | FEC ID number of contributing federal political committee.   |                 | 70301-0037  | Amount of Each Receipt this Period  250.00   |
|             | Terrebonne General Medical Pre   |                 | n<br>t and Chief Executive Officer<br>e Year-to-Date ▼<br>250.00          |  |
| <u> </u>    | Full Name (Last, First, Middle Initial) Mr. Paul A. Salles   |                 |   | Date of Receipt  |
|             | Mailing Address 644 Apache Drive   |                 |   | 1 2 2 9 2 0 0 6  |
|             | City St. Abita Springs LA  | ate             | Zip Code<br>70420-3331  | Transaction ID: 13620719  Amount of Each Receipt this Period                             |
|             | FEC ID number of contributing federal political committee.   |                 | 70120 0001  | 250.00   |
|             | Louisiana Höspital Association VP,   |                 | th Economics & Decision Su  | ppor   |
|             | Receipt For:  Primary  General  Other (specify) ▼  | gregate         | e Year-to-Date ▼ 500.00   |  |
| s           | UBTOTAL of Receipts This Page (optional)   |                 |   | 750.00   |
| T           | OTAL This Pariod (last page this line number only)   |                 |   |  |

| S             | CHEDULE A (FEC Form 3X)   |                            | Lloo concrete cohedule(s)   | FOR LINE NUMBER:  | PAGE 196 / 228                    |
|---------------|---|----------------------------|---|---|-----------------------------------|
|               | EMIZED RECEIPTS   |                            | Use separate schedule(s) or each category of the                        | (check only one)  |                                   |
|               | EMIZED RECEIPTS   |                            | Detailed Summary Page   | X 11a 11b   | 11c   12                          |
|               |   |                            |   | 13 14   | 15 16 17                          |
| An<br>or      | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any perso<br>dress of any political committee to | on for the purpose of solicit<br>solicit contributions from s | ing contributions such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                            |   |   |                                   |
| $\rangle$     | American Hospital Association PAC   |                            |   |   |                                   |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Mr. Chris Vidrine                                      |                            |   | Date of Receipt   |                                   |
|               | Mailing Address 9521 Brookline Avenue   |                            |   | 12 / 29   | 2006                              |
|               | City  | State                      | Zip Code  | Transaction ID: 13  | 621280                            |
|               | Baton Rouge   | LA                         | 70809-8409  | Amount of Each Red  | ceipt this Period                 |
|               | FEC ID number of contributing federal political committee.  | C                          |   |   | 212.50                            |
|               | Name of Employer<br>Louisiana Hospital Associ-<br>ation   | Occupation<br>Policy Ar    |   |   |                                   |
|               | Receipt For:  | <u> </u>                   | e Year-to-Date ▼  |   |                                   |
|               | Primary General   |                            | 212.50  | 1   |                                   |
|               | Other (specify) ▼   |                            | 8 8 8 8 8 8   |   |                                   |
| 3.            | Full Name (Last, First, Middle Initial) Ms. Susan Tudor   |                            |   | Date of Receipt   |                                   |
|               | Mailing Address 3330 Masonic Drive  | 12 29                      | 2006  |   |                                   |
|               | City  | State                      | Zip Code  | Transaction ID: 13  |                                   |
|               | Alexandria  | LA                         | 71301-3841  | Amount of Each Red  | ceipt this Period                 |
|               | FEC ID number of contributing federal political committee.  | C                          |   |   | 200.00                            |
|               | Name of Employer<br>Christus St. Frances Cabr-  | Occupation                 |   |   |                                   |
|               | ini Hospital  | Vice Pres                  |   |   |                                   |
|               | Receipt For: Primary General  | Aggregate                  | e Year-to-Date ▼  | ,   |                                   |
|               | Other (specify) ▼   |                            | 400.00  |   |                                   |
| <br>C.        | Full Name (Last, First, Middle Initial) Ms. Marcia Fries  |                            |   | Date of Receipt   |                                   |
|               | Mailing Address 9521 Brookline Avenue   |                            |   | 12 29   | 2006                              |
|               | City  | State                      | Zip Code  | Transaction ID: 13  | 621300                            |
|               | Baton Rouge   | LA                         | 70809-8409  | Amount of Each Red  | ceipt this Period                 |
|               | FEC ID number of contributing federal political committee.  | С                          |   |   | 125.00                            |
|               | Name of Employer<br>Louisiana Hospital Associ-  | Occupation                 |   |   |                                   |
|               | ation   |                            | cy Preparedness Manager   |   |                                   |
|               | Receipt For: Primary General  | Aggregate                  | e Year-to-Date ▼  | ,   |                                   |
|               | Other (specify) ▼   |                            | 250.00  |   |                                   |
| S             | UBTOTAL of Receipts This Page (optional)  |                            |   |   | 537.50                            |
| _             | age (optional)  |                            |   | -   |                                   |
| T             | OTAL This Period (last page this line number or   | nly)                       |   |   |                                   |

|            | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                            | Use separate schedule(s) or each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 197 / 228 (check only one)  X 11a 11b 11c 12 13 14 15 16 17        |
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| Ar<br>or   | ny information copied from such Reports and Stator commercial purposes, other than using the n            | tements may<br>ame and ado | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\rangle$  | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |                            |   |  |
| ۹.         | Full Name (Last, First, Middle Initial)<br>Mr. Gary Kaplan  |                            |   | Date of Receipt  |
|            | Mailing Address 1100 Ninth Avenue   |                            |   | 12 29 YYYY<br>12 29 2006   |
|            | City  | State                      | Zip Code  | Transaction ID: 13625875   |
|            | Seattle  FEC ID number of contributing federal political committee.                                       | C                          | 98101-2799  | Amount of Each Receipt this Period  250.00   |
|            | Name of Employer Virginia Mason Medical Center Receipt For:  Primary General  Other (specify) ▼           |                            | ecutive Officer<br>Year-to-Date ▼                                       |  |
| 3.         | Full Name (Last, First, Middle Initial) Mr. Thomas W Wilbur Mailing Address 714 West Pine Street City     | State                      | Zip Code  | Date of Receipt    M   M   29   2006   2006  |
|            | Newport  FEC ID number of contributing federal political committee.                                       | WA C                       | 99156-9046  | Transaction ID: 13625876  Amount of Each Receipt this Period  375.00                     |
|            | Name of Employer Newport Hospital and Heal- th Services Receipt For: Primary General Other (specify)      |                            | ecutive Officer and Superinter Year-to-Date  375.00                     | en   |
| <b>D</b> . | Full Name (Last, First, Middle Initial) Dr. Edward B Healton, , M.D. Mailing Address 102 Irving Street NW |                            |   | Date of Receipt  |
|            | City  | State                      | Zip Code  | 1 2 2 9 2 0 0 6<br>Transaction ID: 13643401  |
|            | Washington  FEC ID number of contributing federal political committee.                                    | C                          | 20010-2949  | Amount of Each Receipt this Period  250.00   |
|            | Name of Employer National Rehabilitation Hospital Receipt For:  ☐ Primary ☐ General Other (specify) ▼     |                            | n<br>ce President and Medical Di<br>Year-to-Date ▼<br>250.00            | re   |
| s          | UBTOTAL of Receipts This Page (optional)  |                            |   | 875.00   |
|            |   |                            |   |  |

| SCHEDULE A (FEC Form 3X)       |   |                              | Use separate schedule(s)  | FOR LINE NUMBER:   | PAGE 198 / 228                     |  |  |  |
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| ITEMIZED RECEIPTS              |   | or each category of the      |   | (check only one)   |                                    |  |  |  |
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| Ar                             | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may<br>name and add | / not be sold or used by any perso<br>dress of any political committee to | n for the purpose of solicit s | ling contributions such committee. |  |  |  |
|                                | NAME OF COMMITTEE (In Full)   |                              | ,                                   |  |                                    |  |  |  |
| $  \rangle$                    | American Hospital Association PAC   |                              |   |  |                                    |  |  |  |
|                                | 7 interiodir i toopital 7 loodelation i 7 lo  |                              |   |  |                                    |  |  |  |
| _                              | Full Name (Last, First, Middle Initial)   |                              |   |  |                                    |  |  |  |
| Α.                             | Mr. Richard T. Palmisano, , II, R.N.  |                              |   | Date of Receipt  |                                    |  |  |  |
|                                | Mailing Address 71 Hospital Avenue  |                              |   | 1 1 2 8  | 2006                               |  |  |  |
|                                | City  | State                        | Zip Code  | Transaction ID: 13   |                                    |  |  |  |
|                                | North Adams   | MA                           | 01247-2504  | Amount of Each Re  |                                    |  |  |  |
|                                |   |                              | 01217 2001  | Amount of Each Fice  | <del></del> -                      |  |  |  |
|                                | FEC ID number of contributing federal political committee.  | C                            |   |  | 250.00                             |  |  |  |
|                                |   |                              |   |  |                                    |  |  |  |
|                                | Name of Employer<br>Northern Berkshire Health-  | Occupation                   |   |  |                                    |  |  |  |
|                                | care, Inc. Receipt For:   | President                    | t & CEO<br>e Year-to-Date ▼   | _  |                                    |  |  |  |
|                                | Primary General   | Aggregate                    | rtear-to-Date V   |  |                                    |  |  |  |
|                                | Other (specify)   |                              | 750.00  |  |                                    |  |  |  |
|                                |   |                              | 0 0 0 0 0 0 0   |  |                                    |  |  |  |
|                                | Full Name (Last, First, Middle Initial)   |                              |   |  |                                    |  |  |  |
| В.                             |   |                              |   | Date of Receipt  |                                    |  |  |  |
|                                | Mailing Address 101 West Eighth Avenu   | ie                           |   | 12 29  | 2006                               |  |  |  |
|                                | City  | State                        | Zip Code  |  |                                    |  |  |  |
|                                | Spokane   | WA                           | 99204-2307  | Transaction ID: 13   |                                    |  |  |  |
|                                |   | VVA                          | 33204-2307  | Amount of Each Re  | ceipt triis Period                 |  |  |  |
|                                | FEC ID number of contributing federal political committee.  | C                            |   |  | 250.00                             |  |  |  |
|                                |   |                              |   |  |                                    |  |  |  |
|                                | Name of Employer<br>Sacred Heart Medical Cent-  | Occupation                   |   |  |                                    |  |  |  |
|                                | er  | -                            | dical Officer   | _  |                                    |  |  |  |
|                                | Receipt For: Primary General  | Aygregate                    | e Year-to-Date ▼  |  |                                    |  |  |  |
|                                | Other (specify)   |                              | 250.00  |  |                                    |  |  |  |
|                                |   |                              |   |  |                                    |  |  |  |
| _                              | Full Name (Last, First, Middle Initial)   |                              |   |  |                                    |  |  |  |
| C.                             | Bigelow, Bennett & Leedom   |                              |   | Date of Receipt  |                                    |  |  |  |
|                                | Mailing Address 1700 Seventh Avenue Suite 1900  |                              |   | 12 04  | 2006                               |  |  |  |
|                                | City  | State                        | Zip Code  | Transaction ID: 13   |                                    |  |  |  |
|                                | Seattle   | WA                           | 98101   | Amount of Each Re  |                                    |  |  |  |
|                                | FEC ID number of contributing   |                              |   | 1 1 1 1  | 450.00                             |  |  |  |
|                                | federal political committee.  | C                            |   |  | 450.00                             |  |  |  |
| Name of Employer  Receipt For: |   | Occupation                   | n   | -  |                                    |  |  |  |
|                                |   | Occupation                   | 11  |  |                                    |  |  |  |
|                                |   | Aggregate                    | e Year-to-Date ▼  | 1  |                                    |  |  |  |
|                                | Primary General   |                              | 1                                   | See below  |                                    |  |  |  |
| Other (specify) ▼              |   |                              | 450.00  |  |                                    |  |  |  |
| _                              |   |                              |   |  |                                    |  |  |  |
|                                | 050.00  |                              |   |  |                                    |  |  |  |
| S                              | SUBTOTAL of Receipts This Page (optional)   |                              |   |  |                                    |  |  |  |
|                                |   |                              |   |  |                                    |  |  |  |
| T                              | OTAL This Period (last page this line number o  | nly)                         |   |  |                                    |  |  |  |

| S                 | CHEDULE A (FEC Form 3X)  |                       | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 199 / 228              |  |  |  |
|-------------------|--|-----------------------|-------------------------------------|--|--|--|--|
| ITEMIZED RECEIPTS |  |                       | or each category of the             | (check only one)                             |  |  |  |
| •••               |  |                       | Detailed Summary Page               | X   11a   11b   11c   12   15   16   17      |  |  |  |
| Ar                | y information copied from such Reports and St  | atements may          | not be sold or used by any perso    |  |  |  |  |
| or                | for commercial purposes, other than using the  | name and add          | dress of any political committee to | o solicit contributions from such committee. |  |  |  |
| $\setminus$       | NAME OF COMMITTEE (In Full)  |                       |                                     |  |  |  |  |
|                   | American Hospital Association PAC  |                       |                                     |  |  |  |  |
| A.                | Full Name (Last, First, Middle Initial) Mr. Mike Madden                                |                       |                                     | Date of Receipt                              |  |  |  |
|                   | Mailing Address 1700 Seventh Avenue Suite 1900   |                       |                                     | 12 04 2006                                   |  |  |  |
|                   | City   | State                 | Zip Code                            | Transaction ID: 13874232                     |  |  |  |
|                   | Seattle  | WA                    | 98101-1397                          | Amount of Each Receipt this Period           |  |  |  |
|                   | FEC ID number of contributing federal political committee.                             | C                     |                                     | 225.00                                       |  |  |  |
|                   | Name of Employer<br>Bennett, Bigelow & Leedom  | Occupation<br>Partner | ١                                   |  |  |  |  |
|                   | Receipt For:   | Aggregate             | Year-to-Date ▼                      | [MEMO ITEM]                                  |  |  |  |
|                   | Primary General Other (specify) ▼  |                       | 225.00                              |  |  |  |  |
| В.                | Full Name (Last, First, Middle Initial)<br>Ms. Elizabeth Leedom                        |                       |                                     | Date of Receipt                              |  |  |  |
|                   | Mailing Address 1700 Seventh Avenue Suite 1900   |                       |                                     | 12 04 2006                                   |  |  |  |
|                   | City   | State                 | Zip Code                            | Transaction ID: 13874233                     |  |  |  |
|                   | Seattle  | WA                    | 98101-1397                          | Amount of Each Receipt this Period           |  |  |  |
|                   | FEC ID number of contributing federal political committee.                             | C                     |                                     | 225.00                                       |  |  |  |
|                   | Name of Employer<br>Bennett, Bigelow & Leedom  | Occupation Partner    | 1                                   |  |  |  |  |
|                   | Receipt For:   | Aggregate             | Year-to-Date ▼                      | [MEMO ITEM]                                  |  |  |  |
|                   | Primary General Other (specify) ▼  |                       | 225.00                              |  |  |  |  |
| <u>с.</u>         | Full Name (Last, First, Middle Initial)<br>Katie Vaughan                               |                       |                                     | Date of Receipt                              |  |  |  |
|                   | Mailing Address 506 A East Howell Ave  | nue                   |                                     | M M / D D / Y Y Y Y                          |  |  |  |
|                   | City   | State                 | Zip Code                            | Transaction ID: PR1034595118313              |  |  |  |
|                   | Alexandria   | VA                    | 22301                               | Amount of Each Receipt this Period           |  |  |  |
|                   | FEC ID number of contributing federal political committee.                             | C                     |                                     | 20.00  |  |  |  |
|                   | Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General |                       | e Director                          |  |  |  |  |
|                   |  |                       | Year-to-Date ▼                      | D/D D. J. J. (face as 5)                     |  |  |  |
|                   | Other (specify) ▼  |                       | 510.00                              | P/R Deduction (\$20.00 Bi-<br>Weekly)        |  |  |  |
| s                 | UBTOTAL of Receipts This Page (optional)   |                       |                                     | 20.00  |  |  |  |
| Т                 | TOTAL This Period (last page this line number only)                                    |                       |                                     |  |  |  |  |

| S   | CHEDULE A (FEC Form 3X)   |                            |   | FOR LINE NUMBER: PAGE 200 / 228  | _  |
|---|---|----------------------------|---|--|----|
|   |   |                            | Use separate schedule(s) or each category of the                          | (check only one)   |    |
| 11  | EMIZED RECEIPTS   |                            | Detailed Summary Page   | X 11a 11b 11c 12   |    |
|   |   |                            |   | 13 14 15 16 1  | 7  |
| An<br>or                                    | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |    |
| $\overline{\ }$                             | NAME OF COMMITTEE (In Full)   |                            |   |  |    |
| $\rangle$                                   | American Hospital Association PAC   |                            |   |  |    |
| ۹.  | Full Name (Last, First, Middle Initial)<br>Ms. Melinda Reid Hatton                                |                            |   | Date of Receipt  |    |
|   | Mailing Address 325 Seventh Street, NW Suite 700  |                            |   | M M / D D / Y Y Y Y  |    |
|   | City  | State                      | Zip Code  | Transaction ID: PR1045726218313  |    |
|   | Washington  | DC                         | 20004-2818  | Amount of Each Receipt this Period   |    |
|   | FEC ID number of contributing federal political committee.  | С                          |   | 40.00  |    |
|   | Name of Employer<br>American Hospital Associa-  | Occupation                 | n<br>ief Washington Counsel   |  |    |
|   | tion-Washingt Receipt For:  |                            | e Year-to-Date ▼  |  |    |
|   | Primary General Other (specify) ▼   |                            | 1000.00   | P/R Deduction (\$40.00 Bi-<br>Weekly)  |    |
|   | Full Name (Last, First, Middle Initial)   |                            |   | '  |    |
| 3.  | Ms. Barbara Jellen  |                            |   | Date of Receipt  |    |
|   | Mailing Address 325 Seventh Street, NW Suite 700  | M M M / D D / Y Y Y Y      |   |  |    |
|   | City  | State                      | Zip Code  | Transaction ID: PR1113464218313  |    |
|   | Washington  | DC                         | 20004-2818  | Amount of Each Receipt this Period   |    |
|   | FEC ID number of contributing federal political committee.  | C                          |   | 10.00  |    |
|   | Name of Employer<br>American Hospital Associa-  | Occupation                 | n   | 7  |    |
|   | tion-Washingt   | Section [                  |   |  |    |
|   | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |  |    |
|   | Primary General Other (specify) ▼   |                            | 250.00  | P/R Deduction (\$10.00 Bi-<br>Weekly)  |    |
| <br>D.                                      | Full Name (Last, First, Middle Initial) Ms. Sohini Jindal   |                            |   | Date of Receipt  |    |
|   | Mailing Address 325 Seventh Street, NW  | ,                          |   | M M / D D / Y Y Y Y  |    |
|   | City  | State                      | Zip Code  | Transaction ID: PR1125613618313  |    |
|   | Washington  | DC                         | 20004-2818  | Amount of Each Receipt this Period   |    |
|   | FEC ID number of contributing federal political committee.  | C                          |   | 20.00  |    |
|   | Name of Employer<br>American Hospital Associa-  | Occupation                 | n   | 7  |    |
| American Hospital Associa-<br>tion-Washingt |   | 4                          | ssociate Director   |  |    |
|   | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |  |    |
|   | Primary General Other (specify) ▼   |                            | 500.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)  |    |
| s   | JBTOTAL of Receipts This Page (optional)  |                            |   | 70.00  | _  |
|   |   |                            |   |  |    |
| T   | OTAL This Period (last page this line number or   | nly)                       | <b>)</b>  |  | I. |

| S             | CHEDULE A (FEC Form 3X)   |                              |   | FOR LINE NUMBER: PAGE 201 / 228   |
|---------------|---|------------------------------|---|---|
|               |   |                              | Use separate schedule(s) or each category of the                          | (check only one)  |
| П             | EMIZED RECEIPTS   |                              | Detailed Summary Page   | X 11a 11b 11c 12  |
|               |   |                              | , 0   | 13 14 15 16 17  |
| An<br>or      | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | itements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                              |   |   |
| $\rangle$     | American Hospital Association PAC   |                              |   |   |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Ms. Mary Meadows                                       |                              |   | Date of Receipt   |
|               | Mailing Address One North Franklin  |                              |   | M M / D D / Y Y Y Y   |
|               | City  | State                        | Zip Code  | Transaction ID: PR1260472918313   |
|               | Chicago   | <u> </u>                     | 60606-3436  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.  | C                            |   | 27.76   |
|               | Name of Employer<br>American Organization of<br>Nurse Executi                                     | Occupation<br>Director       | n<br>of Professional Practice   |   |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |
|               | Primary General Other (specify) ▼   | 1 1                          | 250.00  | P/R Deduction (\$13.89 Bi-<br>Weekly)   |
| 3.            | Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson                                  |                              |   | Date of Receipt   |
|               | Mailing Address 107 East Lane   |                              |   | M M / D D / Y Y Y Y   |
|               | City  | State                        | Zip Code  | Transaction ID: PR327727318313  |
|               | Lake Barrington   | <u>IL</u>                    | 60010-1939  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.  | C                            |   | 40.00   |
|               | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                    | Occupation Vice Pres         | n<br>sident, PMGs   |   |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |
|               | Primary General Other (specify) ▼   |                              | 1000.00   | P/R Deduction (\$40.00 Bi-<br>Weekly)   |
| ).            | Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner                                     |                              |   | Date of Receipt   |
|               | Mailing Address 11004 Petersborough   |                              |   | M M / D D / Y Y Y Y   |
|               | City  | State                        | Zip Code  | Transaction ID: PR327745918313  |
|               | Rockville   | MD                           | 20852-3249  | Amount of Each Receipt this Period  |
|               | FEC ID number of contributing federal political committee.  | С                            |   | 40.00   |
|               | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                   | Occupation Director,         | n<br>Grassroots Advocacy  |   |
|               | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |   |
|               | Primary ☐ General Other (specify) ▼   |                              | 1000.00   | P/R Deduction (\$40.00 Bi-<br>Weekly)   |
| S             | UBTOTAL of Receipts This Page (optional)  |                              |   | 107.76  |
|               |   |                              |   |   |
| T             | OTAL This Period (last page this line number o  | nly)                         |   |   |

|            | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                       | Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | Check only one)    X   11a     11b     11c   12   12     12     14   15   16   16   16   16   16   16   16 |
|------------|---|-----------------------|--|--|
| Δ          | ovinformation assign from such Departs and Statem   | anta mai              |  | 13 14 15 16 17   |
| or         | ny information copied from such Reports and Stateme<br>for commercial purposes, other than using the name | ents may<br>e and add | dress of any political committee to  | solicit contributions from such committee.   |
| $\rangle$  | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |                       |  |  |
| Α.         | Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik  |                       |  | Date of Receipt  |
|            | Mailing Address One North Franklin  | M M / D D / Y Y Y Y   |  |  |
|            | City  | State                 | Zip Code   | Transaction ID: PR327777218313   |
|            | Chicago I   | L                     | 60606-3436   | Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.  |                       |  | 10.00  |
|            | American Hospital Associa-<br>tion-Chicago Di   |                       | Long-Term Care   |  |
|            | Receipt For:  Primary  General  Other (specify) ▼   | ggregate              | Year-to-Date ▼ 250.00  | P/R Deduction (\$10.00 Bi-<br>Weekly)  |
| В.         | Full Name (Last, First, Middle Initial) Ms. Debra J. Stock  |                       |  | Date of Receipt  |
|            | Mailing Address One North Franklin  |                       |  | M M / D D / Y Y Y Y  |
|            | •   | State                 | Zip Code   | Transaction ID: PR327777818313   |
|            |   | L                     | 60606-3436   | Amount of Each Receipt this Period   |
|            | - Todoral political committee.  |                       |  | 10.00  |
|            | American Hernital Accords   | ccupation<br>ce Pres  | n<br>sident, Member Relations  |  |
|            |   | ggregate              | Year-to-Date ▼   |  |
|            | Primary General Other (specify) ▼   |                       | 250.00   | P/R Deduction (\$10.00 Bi-<br>Weekly)  |
| <u>с</u> . | Full Name (Last, First, Middle Initial)<br>Mr. Neil J. Jesuele  |                       |  | Date of Receipt  |
|            | Mailing Address 1003 Kimberly Place   |                       |  | M M / D D / Y Y Y Y  |
|            |   | State                 | Zip Code   | Transaction ID: PR327801718313   |
|            | Great Falls   | VA                    | 22066-1546   | Amount of Each Receipt this Period   |
|            | FEC ID number of contributing federal political committee.  |                       |  | 20.00  |
|            | American Höspital Associa-<br>tion-Washingt   |                       | e Vice President   |  |
|            | Receipt For:  Primary General  Other (specify) ▼  | ggregate              | Year-to-Date ▼ 500.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)  |
| s          | UBTOTAL of Receipts This Page (optional)  |                       |  | 40.00  |
| Т          | OTAL This Period (last page this line number only) .  |                       | <b>.</b>   |  |

|                   | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                     | Use separate schedule(s) or each category of the                          | FOR LINE NUMBER: PAGE 203 / 228 (check only one)                   |
|-------------------|---|---------------------|---|--|
|                   | EMIZED RECEIPTS   |                     | Detailed Summary Page   | X   11a   11b   11c   12   15   16   17                            |
| An                | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may         | y not be sold or used by any perso<br>dress of any political committee to | on for the purpose of soliciting contributions                     |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                     |                     |   |  |
| <u>′</u><br>Δ.    | Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN                       |                     |   | Date of Receipt  |
|                   | Mailing Address 325 Seventh Street, NW Suite 700  |                     |   | M M / D D / Y Y Y Y  |
|                   | City<br>Washington  | State<br>DC         | Zip Code<br>20004-2818  | Transaction ID: PR327812018313                                     |
|                   | FEC ID number of contributing federal political committee.  | C                   | 20004-2010  | Amount of Each Receipt this Period  20.00                          |
|                   | Name of Employer<br>American Organization of<br>Nurse Executi                                     |                     | e Director  |  |
|                   | Receipt For: Primary General Other (specify)  | Aggregate           | e Year-to-Date ▼ 500.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)                              |
| 3.                | Full Name (Last, First, Middle Initial)<br>Ms. Ellen A. Pryga                                     |                     |   | Date of Receipt  |
|                   | Mailing Address 2401 Calvert Street, NW Apt. 1008   | M M / D D / Y Y Y Y |   |  |
|                   | City<br>Washington  | State<br>DC         | Zip Code<br>20008-2614  | Transaction ID: PR327851918313  Amount of Each Receipt this Period |
|                   | FEC ID number of contributing federal political committee.  | C                   | 2000 2014   | 20.00  |
|                   | Name of Employer American Hospital Association-Washingt Receipt For:                              |                     | n<br>Policy Development<br>e Year-to-Date ▼                               |  |
|                   | Primary General Other (specify) ▼   | Aggregate           | 500.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)                              |
| ).                | Full Name (Last, First, Middle Initial)<br>Mr. Mark Seklecki                                      |                     |   | Date of Receipt  |
|                   | Mailing Address 325 Seventh Street, NW Suite 700  | '                   |   | M M / D D / Y Y Y Y  |
|                   | City<br>Washington  | State<br>DC         | Zip Code<br>20004-2818  | Transaction ID: PR327858018313  Amount of Each Receipt this Period |
|                   | FEC ID number of contributing federal political committee.  | C                   | 200012010   | 40.00  |
|                   | Name of Employer<br>American Hospital Associa-<br>tion-Washingt<br>Receipt For:                   | 1                   | n<br>e Director, AHAPAC<br>e Year-to-Date ▼                               |  |
|                   | Primary General Other (specify) ▼   | , agrogate          | 1000.00   | P/R Deduction (\$40.00 Bi-<br>Weekly)                              |
| SI                | JBTOTAL of Receipts This Page (optional)  |                     |   | 80.00  |
| т                 | OTAL This Period (last page this line number or   | ıly)                | <b>)</b>  |  |

| SC              | CHEDULE A (FEC Form 3X)   |                            |   | FOR LINE NUMBER: PAGE 204 / 228  |
|-----------------|---|----------------------------|---|--|
|                 |   |                            | Use separate schedule(s) or each category of the                          | (check only one)   |
| 11              | EMIZED RECEIPTS   |                            | Detailed Summary Page   | X 11a 11b 11c 12   |
|                 |   |                            | , ,   | 13 14 15 16 17   |
| An<br>or        | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)   |                            |   |  |
| $\rangle$       | American Hospital Association PAC   |                            |   |  |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Mr. John F. Barry                                      |                            |   | Date of Receipt  |
|                 | Mailing Address One North Franklin  |                            |   | M M / D D / Y Y Y Y  |
|                 | City  | State                      | Zip Code  | Transaction ID: PR327877818313   |
|                 | Millis  | MA                         | 60606-3436  | Amount of Each Receipt this Period   |
|                 | FEC ID number of contributing federal political committee.  | C                          |   | 0.16   |
|                 | Name of Employer<br>American Hospital Associa-  | Occupation                 | n<br>Executive  |  |
|                 | tion-Chicago Receipt For:   |                            | e Year-to-Date ▼  | -  |
|                 | Primary General   |                            |   | P/R Deduction (\$0.16 Bi-W-  |
|                 | Other (specify)   | 0 0                        | 1000.00   | eekly)   |
| 3.              | Full Name (Last, First, Middle Initial)<br>Mr. Richard J. Davidson                                |                            |   | Date of Receipt  |
|                 | Mailing Address 325 Seventh Street, NW Suite 700  | M M / D D / Y Y Y Y        |   |  |
|                 | City  | State                      | Zip Code  | Transaction ID: PR327942118313   |
|                 | Washington  | DC                         | 20004-2818  | Amount of Each Receipt this Period   |
|                 | FEC ID number of contributing federal political committee.  | C                          |   | 40.00  |
|                 | Name of Employer<br>American Hospital Associa-  | Occupation                 | n   | 7  |
|                 | tion-Washingt   | Presiden                   | -   |  |
|                 | Receipt For:  Primary General   | Aggregate                  | e Year-to-Date ▼  |  |
|                 | Primary General Other (specify) ▼   |                            | 2000.00   | P/R Deduction (\$40.00 Bi-<br>Weekly)  |
| —<br>D.         | Full Name (Last, First, Middle Initial) Mr. James Henderson                                       |                            |   | Date of Receipt  |
|                 | Mailing Address One North Franklin Stree  | et                         |   | M M / D D / Y Y Y Y  |
|                 | City  | State                      | Zip Code  | Transaction ID: PR328094118313   |
|                 | Chicago   | IL                         | 60606   | Amount of Each Receipt this Period   |
|                 | FEC ID number of contributing federal political committee.  | C                          |   | 10.00  |
|                 | Name of Employer  | Occupation                 | n   | 7  |
|                 | American Hospital Associa-<br>tion-Chicago  | <u> </u>                   | orate Counsel   |  |
|                 | Receipt For:  | Aggregate                  | e Year-to-Date ▼  |  |
|                 | Primary ☐ General Other (specify) ▼   |                            | 250.00  | P/R Deduction (\$10.00 Bi-<br>Weekly)  |
| SI              | JBTOTAL of Receipts This Page (optional)  |                            |   | 50.16  |
|                 |   |                            | ········· •   |  |
| T               | OTAL This Period (last page this line number or   | nly)                       | <b>)</b>  |  |

| S               | CHEDULE A (FEC Form 3X)   |                          | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 205 / 228 (check only one) |
|-----------------|---|--------------------------|---|--|
| IT              | EMIZED RECEIPTS   |                          | or each category of the<br>Detailed Summary Page                    | X 11a 11b 11c 12<br>13 14 15 16 17               |
| An<br>or        | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | itements may             | not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions    |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)   |                          |   |  |
| $\rangle$       | American Hospital Association PAC   |                          |   |  |
| ۹.              | Full Name (Last, First, Middle Initial)<br>Ms. Barbara Lorsbach                                   |                          |   | Date of Receipt                                  |
|                 | Mailing Address 204 South 7th Avenue  |                          |   | M M / D D / Y Y Y Y                              |
|                 | City  | State                    | Zip Code  | Transaction ID: PR328136918313                   |
|                 | La Grange   | IL                       | 60525-6406  | Amount of Each Receipt this Period               |
|                 | FEC ID number of contributing federal political committee.  | С                        |   | 40.00  |
|                 | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                    | Occupation<br>Sr. Vice I | n<br>President, Member Relations                                    |  |
|                 | Receipt For:  |                          | Year-to-Date ▼  |  |
|                 | Primary General Other (specify) ▼   |                          | 1000.00   | P/R Deduction (\$40.00 Bi-<br>Weekly)            |
| <br>3.          | Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian                                    |                          |   | Date of Receipt                                  |
|                 | Mailing Address 5545 N. Wayne   |                          |   | M M / D D / Y Y Y Y                              |
|                 | City  | State                    | Zip Code  | Transaction ID: PR328223818313                   |
|                 | Chicago   | IL                       | 60640-1318  | Amount of Each Receipt this Period               |
|                 | FEC ID number of contributing federal political committee.  | C                        |   | 20.00  |
|                 | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                    | Occupation Vice Pres     |   |  |
|                 | Receipt For:  | Aggregate                | e Year-to-Date ▼  |  |
|                 | Primary General Other (specify) ▼   | 0 0                      | 500.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)            |
| <br>C.          | Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson                                  |                          |   | Date of Receipt                                  |
|                 | Mailing Address 325 Seventh Street, NW Suite 700  | 1                        |   | M M / D D / Y Y Y Y                              |
|                 | City  | State                    | Zip Code  | Transaction ID: PR328224818313                   |
|                 | Washington  | DC                       | 20004-2818  | Amount of Each Receipt this Period               |
|                 | FEC ID number of contributing federal political committee.  | C                        |   | 40.00  |
|                 | Name of Employer<br>American Hospital Associa-  | Occupation               |   | 7  |
|                 | tion-Washingt   |                          | Executive   |  |
|                 | Receipt For:  Primary  General  | Aggregate                | Year-to-Date ▼  | P/P Deduction (\$40.00 Pi                        |
|                 | Other (specify) ▼   | 0 0                      | 1000.00   | P/R Deduction (\$40.00 Bi-<br>Weekly)            |
| s               | UBTOTAL of Receipts This Page (optional)  |                          | ······  | 100.00   |
|                 |   |                          | ·   |  |
| T               | OTAL This Period (last page this line number or   | nly)                     |   |  |

| S           | CHEDULE A (FEC Form 3X)  |                              |   | FOR LINE NUMBER: PAGE 206 / 228   |
|-------------|--|------------------------------|---|---|
|             | •  |                              | Use separate schedule(s)<br>or each category of the                 | (check only one)  |
| 11          | EMIZED RECEIPTS  |                              | Detailed Summary Page   | X 11a 11b 11c 12  |
|             |  |                              |   | 13 14 15 16 17  |
| Ar<br>or    | y information copied from such Reports and St<br>for commercial purposes, other than using the | atements may<br>name and add | not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| $\setminus$ | NAME OF COMMITTEE (In Full)  |                              |   |   |
|             | American Hospital Association PAC  |                              |   |   |
| A.          |  |                              |   | Date of Receipt   |
|             | Mailing Address 13106 Vingle Lane  |                              |   | M M / D D / Y Y Y Y   |
|             | City   | State                        | Zip Code  | Transaction ID: PR328224918313  |
|             | Silver Spring  | MD                           | 20906   | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                                     | С                            |   | 40.00   |
|             | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                | Occupation<br>Sr. Vice I     |   |   |
|             | Receipt For:   | Aggregate                    | Year-to-Date ▼  |   |
|             | Primary General  |                              | 1000.00   | P/R Deduction (\$40.00 Bi-  |
|             | Other (specify)  | 0 0                          | 1000.00   | Weekly)   |
| В.          | Full Name (Last, First, Middle Initial)<br>Mr. Ronald O. Purcell                               |                              |   | Date of Receipt   |
|             | Mailing Address 1093 N. Faldo Way  |                              |   | M M / D D / Y Y Y Y   |
|             | City   | State                        | Zip Code  | Transaction ID: PR328241418313  |
|             | Eagle  | ID                           | 83616-5369  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                                     | С                            |   | 55.52   |
|             | Name of Employer<br>American Hospital Associa-   | Occupation                   | า   | $\exists$   |
|             | tion-Chicago   |                              | Executive   |   |
|             | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |   |
|             | Primary General Other (specify) ▼  |                              | 500.00  | P/R Deduction (\$27.78 Bi-<br>Weekly)   |
| —<br>С.     | Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack                                 |                              |   | Date of Receipt   |
|             | Mailing Address 325 Seventh Street, NV Suite 700   | V                            |   | M M / D D / Y Y Y Y   |
|             | City   | State                        | Zip Code  | Transaction ID: PR328260918313  |
|             | Washington   | DC                           | 20004-2818  | Amount of Each Receipt this Period  |
|             | FEC ID number of contributing federal political committee.                                     | C                            |   | 80.00   |
|             | Name of Employer<br>American Hospital Associa-   | Occupation                   | า   | $\exists$   |
|             | American Hospital Associa-<br>tion-Washingt  | Executive                    | e Vice President  |   |
|             | Receipt For:   | Aggregate                    | e Year-to-Date ▼  |   |
|             | Primary General  |                              | 2000.00   | P/R Deduction (\$80.00 Bi-  |
| _           | Other (specify)  |                              | 2000.00   | Weekly)   |
| s           | UBTOTAL of Receipts This Page (optional)   |                              |   | 175.52  |
| Т           | OTAL This Period (last page this line number of  | only)                        |   |   |

| S             | CHEDULE A (FEC Form 3X)   |                       | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 207 / 228            |
|---------------|---|-----------------------|-------------------------------------|--|
|               | EMIZED RECEIPTS   |                       | or each category of the             | (check only one)                           |
| •             | LIMIZED REGEN 10  |                       | Detailed Summary Page               | X 11a 11b 11c 12                           |
| ۸۰            | y information against from augh Donarta and Sta   | tomonto mo            | , not be cold or used by any parce  | 13 14 15 16 17                             |
| or            | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | ame and add           | dress of any political committee to | solicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                       |                                     |  |
| $\rangle$     | American Hospital Association PAC   |                       |                                     |  |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Mr. Richard H. Wade                                    |                       |                                     | Date of Receipt                            |
|               | Mailing Address 1221 Cavalier Road  |                       |                                     | M M / D D / Y Y Y Y                        |
|               | City  | State                 | Zip Code                            | Transaction ID: PR328310418313             |
|               | Arnold  | MD                    | 21012-2126                          | Amount of Each Receipt this Period         |
|               | FEC ID number of contributing federal political committee.  | С                     |                                     | 40.00                                      |
|               | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                   | Occupation Sr. Vice I | resident, Communications            |  |
|               | Receipt For:  | Aggregate             | Year-to-Date ▼                      | 7  |
|               | Primary General   |                       | 1000.00                             | P/R Deduction (\$40.00 Bi-                 |
|               | Other (specify)   | 0 0                   | 1000.00                             | Weekly)                                    |
| 3.            | Full Name (Last, First, Middle Initial)<br>Mr. Stephen M. Ahnen                                   |                       |                                     | Date of Receipt                            |
|               | Mailing Address 1001 N. Potomac St.   |                       |                                     | M M / D D / Y Y Y Y                        |
|               | City  | State                 | Zip Code                            | Transaction ID: PR328312718313             |
|               | Arlington   | VA                    | 22205-1629                          | Amount of Each Receipt this Period         |
|               | FEC ID number of contributing federal political committee.  | C                     |                                     | 40.00                                      |
|               | Name of Employer<br>American Hospital Associa-  | Occupation            | n<br>ce President                   |  |
|               | tion-Washingt Receipt For:  |                       | Year-to-Date ▼                      |  |
|               | Primary General   | riggrogate            |                                     | P/R Deduction (\$40.00 Bi-                 |
|               | Other (specify) ▼   | 0 0                   | 1000.00                             | Weekly)                                    |
| Э.            | Full Name (Last, First, Middle Initial)<br>Ms. Lori M. Schor                                      |                       |                                     | Date of Receipt                            |
|               | Mailing Address 325 Seventh Street, NW Suite 700  | 1                     |                                     | M M / D D / Y Y Y Y                        |
|               | City  | State                 | Zip Code                            | Transaction ID: PR328341818313             |
|               | Washington  | DC                    | 20004-2818                          | Amount of Each Receipt this Period         |
|               | FEC ID number of contributing federal political committee.  | C                     |                                     | 40.00                                      |
|               | Name of Employer<br>American Hospital Associa-  | Occupation            | 1                                   | 7  |
|               | tion-Washingt   | · · · · · · ·         | Political Action & Grassroot        |  |
|               | Receipt For:  | Aggregate             | e Year-to-Date ▼                    |  |
|               | Primary General Other (specify)   | ' '                   | 1000.00                             | P/R Deduction (\$40.00 Bi-<br>Weekly)      |
|               | Curior (specify)  | 0 0                   | 0 0 0 0 0 0 0                       |  |
| S             | UBTOTAL of Receipts This Page (optional)  |                       |                                     | 120.00                                     |
|               |   |                       | ·                                   |  |
| T             | OTAL This Period (last page this line number or   | ∩ly)                  |                                     |  |

| S  | CHEDULE A (FEC Form 3X)   |             | Use separate schedule(s)                     | FOR LINE NUMBER: PAGE 208 / 228           |
|----|---|-------------|--|---|
|    | EMIZED RECEIPTS   |             | or each category of the                      | (check only one)                          |
| •  |   |             | Detailed Summary Page                        | X 11a 11b 11c 12<br>13 14 15 16 17        |
| An | y information copied from such Reports and Sta                    | tements may | not be sold or used by any person            |   |
| or | for commercial purposes, other than using the n                   | ame and add | dress of any political committee to s        | olicit contributions from such committee. |
| \  | NAME OF COMMITTEE (In Full)                                       |             |  |   |
| /  | American Hospital Association PAC                                 |             |  |   |
| ۹. | Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina       |             |  | Date of Receipt                           |
|    | Mailing Address 200 Clover Hill Court                             |             |  | M M / D D / Y Y Y Y                       |
|    | City  | State       | Zip Code                                     | Transaction ID: PR328511818313            |
|    | Yardley   | PA          | 19067-5736                                   | Amount of Each Receipt this Period        |
|    | FEC ID number of contributing federal political committee.        | C           |  | 95.20                                     |
|    | Name of Employer<br>American Hospital Associa-                    | Occupation  | n<br>Executive                               |   |
|    | tion-Chicago Receipt For:   |             | Year-to-Date ▼                               | 1   |
|    | Primary General   |             |  | P/R Deduction (\$47.60 Bi-                |
|    | Other (specify) ▼   | 0 0         | 961.60                                       | Weekly)                                   |
| 3. | Full Name (Last, First, Middle Initial)<br>Ms. Alicia N. Mitchell |             |  | Date of Receipt                           |
|    | Mailing Address 909 N. Madison St.                                |             |  | M M / D D / Y Y Y Y                       |
|    | City  | State       | Zip Code                                     | Transaction ID: PR328512018313            |
|    | Arlington   | VA          | 22205-1655                                   | Amount of Each Receipt this Period        |
|    | FEC ID number of contributing federal political committee.        | С           |  | 20.00                                     |
|    | Name of Employer<br>American Hospital Associa-                    | Occupation  |  |   |
|    | tion-Washingt Receipt For:  |             | sident, Media Relations<br>e Year-to-Date ▼  | -   |
|    | Primary General   | Aggregate   |  | P/R Deduction (\$20.00 Bi-                |
|    | Other (specify) ▼   | 0 0         | 500.00                                       | Weekly)                                   |
| Э. | Full Name (Last, First, Middle Initial)<br>Ms. Rebecca Chickey    |             |  | Date of Receipt                           |
|    | Mailing Address AHA   | _1          |  | M " M / D " D / Y " Y " Y                 |
|    | One North Franklin Stre   | et<br>State | Zip Code                                     | Transaction ID: PR329013418313            |
|    | Chicago   | IL          | 60606  | Amount of Each Receipt this Period        |
|    | FEC ID number of contributing                                     |             |  |   |
|    | federal political committee.                                      | С           |  | 20.00                                     |
|    | Name of Employer<br>American Hospital Associa-                    | Occupation  |  |   |
|    | tion-Chicago<br>Receipt For:                                      |             | Psychiatric and Substance Ale Year-to-Date ▼ | <u>9</u>                                  |
|    | Primary General   | Aggregate   | : Teal-10-Date ▼                             | P/R Deduction (\$20.00 Bi-                |
|    | Other (specify) ▼   | 0 0         | 500.00                                       | Weekly)                                   |
| S  | UBTOTAL of Receipts This Page (optional)                          |             | <b>&gt;</b>                                  | 135.20                                    |
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| T  | OTAL This Period (last page this line number or                   | nly)        | <b>&gt;</b>                                  |   |

| S                | CHEDULE A (FEC Form 3X)   |                            |   | FOR LINE NUMBER: PAGE 209 / 228  |  |  |
|------------------|---|----------------------------|---|--|--|--|
| TEMIZED RECEIPTS |   |                            | Use separate schedule(s) or each category of the                        | (check only one)   |  |  |
| 11               | EMIZED RECEIP 13  |                            | Detailed Summary Page   | X 11a 11b 11c 12   |  |  |
|                  |   |                            |   | 13   14   15   16   17   |  |  |
| An<br>or         | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
| $\overline{}$    | NAME OF COMMITTEE (In Full)   |                            |   |  |  |  |
| $\rangle$        | American Hospital Association PAC   |                            |   |  |  |  |
| ۹.               | Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD                                    |                            |   | Date of Receipt  |  |  |
|                  | Mailing Address 1905 Christopher Place  |                            |   | M M / D D / Y Y Y Y  |  |  |
|                  | City  | State                      | Zip Code  | Transaction ID: PR329071318313   |  |  |
|                  | <u>Harrisburg</u>   | PA                         | 17110-3573  | Amount of Each Receipt this Period   |  |  |
|                  | FEC ID number of contributing federal political committee.  | C                          |   | 100.00   |  |  |
|                  | Name of Employer<br>American Hospital Associa-  | Occupation                 |   |  |  |  |
|                  | tion Receipt For:   |                            | t, Center for Healthcare Gove<br>Year-to-Date ▼                         | <u> </u>   |  |  |
|                  | Primary General   | Aggregate                  |   | P/R Deduction (\$60.00 Bi-   |  |  |
|                  | Other (specify) ▼   | 0 0                        | 1000.00   | Weekly)  |  |  |
| 3.               | Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese                                     |                            |   | Date of Receipt  |  |  |
|                  | Mailing Address 500 Interstate Boulevard  | South                      |   | M " M / D " D / Y " Y " Y " Y  |  |  |
|                  | City  | State                      | Zip Code  | Transaction ID: PR329215718313   |  |  |
|                  | Nashville   | TN                         | 37210-4634  | Amount of Each Receipt this Period   |  |  |
|                  | FEC ID number of contributing federal political committee.  | C                          |   | 40.00  |  |  |
|                  | Name of Employer<br>American Hospital Associa-  | Occupation                 | 1   | 7  |  |  |
|                  | tion-Chicago  |                            | Executive   |  |  |  |
|                  | Receipt For:  | Aggregate                  | Year-to-Date ▼  |  |  |  |
|                  | Primary General Other (specify) ▼   |                            | 1000.00   | P/R Deduction (\$40.00 Bi-<br>Weekly)  |  |  |
|                  | Full Name (Last, First, Middle Initial) Mr. John Evans  |                            |   | Date of Receipt  |  |  |
|                  | Mailing Address One North Franklin Stre   | et                         |   | M M / D D / Y Y Y Y  |  |  |
|                  | City  | State                      | Zip Code  | Transaction ID: PR329342618313   |  |  |
|                  | Chicago   | IL                         | 60606   | Amount of Each Receipt this Period   |  |  |
|                  | FEC ID number of contributing federal political committee.  | C                          |   | 10.00  |  |  |
|                  | Name of Employer<br>American Hospital Associa-  | Occupation                 | 1   |  |  |  |
|                  | tion-Chicago '  | CFO                        |   |  |  |  |
|                  | Receipt For:  | Aggregate                  | Year-to-Date ▼  |  |  |  |
|                  | Primary ☐ General Other (specify) ▼   |                            | 250.00  | P/R Deduction (\$10.00 Bi-<br>Weekly)  |  |  |
| s                | UBTOTAL of Receipts This Page (optional)  |                            |   | 150.00   |  |  |
|                  |   |                            | •   |  |  |  |
| T                | OTAL This Period (last page this line number only)  |                            |   |  |  |  |

| SC                | CHEDULE A (FEC Form 3X)   |                              | Her consults a dead de (c)  | FOR LINE NUMBER: PAGE 210 / 228  |
|-------------------|---|------------------------------|---|--|
| ITEMIZED RECEIPTS |   |                              | Use separate schedule(s)<br>or each category of the                     | (check only one)   |
|                   | EIVIIZED RECEIP 13  |                              | Detailed Summary Page   | X 11a 11b 11c 12   |
| Α                 | information and the month December and Other  |                              | and be and decreased by a second second                                 | 13 14 15 16 17   |
| An<br>or          | y information copied from such Reports and Sta<br>for commercial purposes, other than using the r | atements may<br>name and add | not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{}$     | NAME OF COMMITTEE (In Full)   |                              |   |  |
| $\rangle$         | American Hospital Association PAC   |                              |   |  |
| ۹.                | Full Name (Last, First, Middle Initial)<br>Ms. Audrey L. Harris                                   |                              |   | Date of Receipt  |
|                   | Mailing Address 1136 W. Farwel Unit 1W  |                              |   | M M / D D / Y Y Y Y Y  |
|                   | City  | State                        | Zip Code  | Transaction ID: PR329654218313   |
|                   | Chicago   | IL                           | 60626-3861  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | C                            |   | 10.00  |
|                   | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                    | Occupation                   | n<br>e Director, ASDVS  |  |
|                   | Receipt For:  |                              | Year-to-Date ▼  | 7  |
|                   | Primary General Other (specify) ▼   | 0 0                          | 250.00  | P/R Deduction (\$10.00 Bi-<br>Weekly)  |
| 3.                | Full Name (Last, First, Middle Initial) Ms. Tama Mattocks   |                              |   | Date of Receipt  |
|                   | Mailing Address 1201 Pennsylvania Ave 5th Floor   | , NW                         |   | M M / D D / Y Y Y Y  |
|                   | City  | State                        | Zip Code  | Transaction ID: PR330273418313   |
|                   | Washington  | DC                           | 20004-2401  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | С                            |   | 20.00  |
|                   | Name of Employer<br>Strategic Health Care   | Occupation<br>Senior Vi      | n<br>ce President   |  |
|                   | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |
|                   | Primary General Other (specify) ▼   |                              | 500.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)  |
| ).                | Full Name (Last, First, Middle Initial) Ms. Patricia Meersman                                     |                              |   | Date of Receipt  |
|                   | Mailing Address One North Franklin  |                              |   | M " M / D " D / Y " Y " Y " Y  |
|                   | City  | State                        | Zip Code  | Transaction ID: PR330343318313   |
|                   | Chicago   | <u> </u>                     | 60606-3436  | Amount of Each Receipt this Period   |
|                   | FEC ID number of contributing federal political committee.  | C                            |   | 10.00  |
|                   | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                    | Occupation<br>Executive      | n<br>e Services Director  |  |
|                   | Receipt For:  | Aggregate                    | e Year-to-Date ▼  |  |
|                   | Primary ☐ General Other (specify) ▼   |                              | 250.00  | P/R Deduction (\$10.00 Bi-<br>Weekly)  |
| sı                | JBTOTAL of Receipts This Page (optional)  |                              |   | 40.00  |
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| T                 | OTAL This Period (last page this line number o  | nly)                         | <b>&gt;</b>   |  |

| S           | CHEDULE A (FEC Form 3X)  |   | Use separate schedule(s)            | FOR LINE NUMBER: PAGE 211 / 228              |
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|             | EMIZED RECEIPTS  | or each category of the Detailed Summary Page |                                     | (check only one)                             |
| ••          | EMIZED RECEIL 10   |   |                                     | X   11a   11b   11c   12   15   16   17      |
| Δr          | ny information copied from such Reports and St                 | atomonte may                                  | , not be sold or used by any perso  | <del> </del>                                 |
| or          | for commercial purposes, other than using the                  | name and add                                  | dress of any political committee to | o solicit contributions from such committee. |
| $\setminus$ | NAME OF COMMITTEE (In Full)                                    |   |                                     |  |
|             | American Hospital Association PAC                              |   |                                     |  |
| Α.          | Full Name (Last, First, Middle Initial)<br>Mr. Paul N. Muraca  |   |                                     | Date of Receipt                              |
|             | Mailing Address 4960 138th Circle Wes                          |   |                                     | M M / D D / Y Y Y Y                          |
|             | City   | State   | Zip Code                            | Transaction ID: PR330475418313               |
|             | Apple Valley   | MN  | 55124-9229                          | Amount of Each Receipt this Period           |
|             | FEC ID number of contributing federal political committee.     | C   |                                     | 40.00  |
|             | Name of Employer<br>American Hospital Associa-<br>tion-Chicago | Occupation<br>Regional                        | n<br>Executive                      |  |
|             | Receipt For:   | Aggregate                                     | e Year-to-Date ▼                    |  |
|             | Primary General Other (specify) ▼                              |   | 1000.00                             | P/R Deduction (\$40.00 Bi-<br>Weekly)        |
|             | Full Name (Last, First, Middle Initial)                        |   |                                     |  |
| В.          |  |   |                                     | Date of Receipt                              |
|             | Mailing Address 6109 North 9th Road                            |   |                                     | M M / D D / Y Y Y Y                          |
|             | City   | State   | Zip Code                            | Transaction ID: PR330534318313               |
|             | Arlington  | VA  | 22205-1609                          | Amount of Each Receipt this Period           |
|             | FEC ID number of contributing federal political committee.     | C   |                                     | 20.00  |
|             | Name of Employer<br>American Hospital Associa-                 | Occupation                                    |                                     |  |
|             | tion-Washingt  |   | ciate Director                      |  |
|             | Receipt For:  Primary  General                                 | Aggregate                                     | e Year-to-Date ▼                    | - I  |
|             | Other (specify) ▼  |   | 500.00                              | P/R Deduction (\$20.00 Bi-<br>Weekly)        |
| <u> </u>    | Full Name (Last, First, Middle Initial)<br>Mr. Gene O'Dell     |   |                                     | Date of Receipt                              |
|             | Mailing Address 530 North Lakeshore D<br>Unit 2303             | rive  |                                     | M M / D D / Y Y Y Y                          |
|             | City   | State   | Zip Code                            | Transaction ID: PR330547718313               |
|             | Chicago  | IL  | 60611-7424                          | Amount of Each Receipt this Period           |
|             | FEC ID number of contributing federal political committee.     | C   |                                     | 20.00  |
|             | Name of Employer<br>American Hospital Associa-                 | Occupation                                    |                                     |  |
|             | tion-Chicago   |   | sident, Strategic Planning          |  |
|             | Receipt For:   | Aggregate                                     | e Year-to-Date ▼                    | _  |
|             | Primary General Other (specify) ▼                              |   | 500.00                              | P/R Deduction (\$20.00 Bi-<br>Weekly)        |
| S           | UBTOTAL of Receipts This Page (optional)                       |   |                                     | 80.00  |
| $\vdash$    |  |   | <u> </u>                            |  |
| 1 1         | OTAL This Period (last page this line number of                | וע)   |                                     |  |

| S             | CHEDULE A (FEC Form 3X)   |                            |  | FOR LINE NUMBER: PAGE 212 / 228  |  |  |
|---------------|---|----------------------------|--|--|--|--|
|               |   |                            | Use separate schedule(s)<br>or each category of the                      | (check only one)   |  |  |
| 11            | EMIZED RECEIPTS   |                            | Detailed Summary Page  | X 11a 11b 11c 12   |  |  |
|               |   |                            | -  | 13 14 15 16 17   |  |  |
| An<br>or      | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may<br>ame and add | not be sold or used by any person<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |  |  |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                            |  |  |  |  |
| $\rangle$     | American Hospital Association PAC   |                            |  |  |  |  |
| ۹.            | Full Name (Last, First, Middle Initial)<br>Ms. Eileen O'Keefe                                     |                            |  | Date of Receipt  |  |  |
|               | Mailing Address One North Franklin  |                            |  | M M / D D / Y Y Y Y  |  |  |
|               | City  | State                      | Zip Code   | Transaction ID: PR330549218313   |  |  |
|               | Chicago   | IL                         | 60606-3436   | Amount of Each Receipt this Period   |  |  |
|               | FEC ID number of contributing federal political committee.  | C                          |  | 20.00  |  |  |
|               | Name of Employer<br>American Hospital Associa-<br>tion-Chicago                                    | Occupation<br>Vice Pres    | n<br>sident, Member Relations  | 1  |  |  |
|               | Receipt For:  |                            | Year-to-Date ▼   |  |  |  |
|               | Primary General Other (specify) ▼   |                            | 500.00   | P/R Deduction (\$20.00 Bi-<br>Weekly)  |  |  |
| <br>3.        | Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter                                      |                            |  | Date of Receipt  |  |  |
|               | Mailing Address 325 Seventh Street, NW Suite 700  |                            |  | M M / D D / Y Y Y Y  |  |  |
|               | City  | State                      | Zip Code   | Transaction ID: PR330776118313   |  |  |
|               | Washington  | DC                         | 20004-2818   | Amount of Each Receipt this Period   |  |  |
|               | FEC ID number of contributing federal political committee.  | C                          |  | 43.46  |  |  |
|               | Name of Employer<br>American Hospital Associa-  | Occupation                 |  |  |  |  |
|               | tion-Washingt   |                            | vocacy & Member Communic   | ations   |  |  |
|               | Receipt For: Primary General  | Aggregate                  | Year-to-Date ▼   |  |  |  |
|               | Other (specify) ▼   |                            | 500.00   | P/R Deduction (\$21.74 Bi-<br>Weekly)  |  |  |
| <br>ጋ.        | Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush                                 |                            |  | Date of Receipt  |  |  |
|               | Mailing Address 26 West Glendale Ave.   |                            |  | M M / D D / Y Y Y Y  |  |  |
|               | City  | State                      | Zip Code   | Transaction ID: PR331304218313   |  |  |
|               | Alexandria  | VA                         | 22301-1101   | Amount of Each Receipt this Period   |  |  |
|               | FEC ID number of contributing federal political committee.  | C                          |  | 10.00  |  |  |
|               | Name of Employer<br>American Hospital Associa-  | Occupation                 | า  | 7  |  |  |
|               | tion-Washingt   |                            | Advocacy and Public Policy (   | <u>O</u> p   |  |  |
|               | Receipt For:  | Aggregate                  | e Year-to-Date ▼   |  |  |  |
|               | Primary General Other (specify) ▼   |                            | 250.00   | P/R Deduction (\$10.00 Bi-<br>Weekly)  |  |  |
| S             | UBTOTAL of Receipts This Page (optional)  |                            | ·····  | 73.46  |  |  |
|               | ,   |                            |  |  |  |  |
| T             | OTAL This Period (last page this line number only)  |                            |  |  |  |  |

| S                    | CHEDULE A (FEC Form 3X)   |             | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 213 / 228 (check only one)   |
|----------------------|---|-------------|---|--|
| IT                   | EMIZED RECEIPTS   |             | or each category of the<br>Detailed Summary Page                      | X 11a 11b 11c 12<br>13 14 15 16 17   |
| An<br>or             | y information copied from such Reports and Stat<br>for commercial purposes, other than using the na           | ements may  | y not be sold or used by any persodress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| $\overline{\rangle}$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |             |   |  |
| ۹.                   | Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb   |             |   | Date of Receipt  |
|                      | Mailing Address 325 Seventh Street, NW Suite 700  |             |   | M   M   / D   D   / Y   Y   Y   Y  |
|                      | City  | State<br>DC | Zip Code  | Transaction ID: PR331379118313   |
|                      | Washington FEC ID number of contributing federal political committee.   | C           | 20004-2818  | Amount of Each Receipt this Period  29.35  |
|                      | Name of Employer American Organization of Nurse Executi Receipt For:  □ Primary □ General □ Other (specify) ▼ |             | Federal Relations & Policy e Year-to-Date ▼ 250.00                    | P/R Deduction (\$14.71 Bi-Weekly)  |
| 3.                   | Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer  |             |   | Date of Receipt  |
|                      | Mailing Address 325 Seventh Street, NW Suite 700  |             | 7.0.1   | M M / D D / Y Y Y Y  |
|                      | City<br>Washington  | State<br>DC | Zip Code<br>20004-2818  | Transaction ID: PR331386918313  Amount of Each Receipt this Period                       |
|                      | FEC ID number of contributing federal political committee.  | C           | 20004-2010  | 10.00  |
|                      | Name of Employer American Hospital Association-Washingt Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼ |             | n<br>ssociate Director<br>e Year-to-Date ▼<br>250.00                  | P/R Deduction (\$10.00 Bi-Weekly)  |
|                      | Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.   |             |   | Date of Receipt  |
| -                    | Mailing Address PO Box 15587  |             |   | M M / D D / Y Y Y Y  |
|                      | City<br>Austin  | State<br>TX | Zip Code<br>78761-5587  | Transaction ID: PR331416018313  Amount of Each Receipt this Period                       |
|                      | FEC ID number of contributing federal political committee.  | C           | 1 1 1 1 1 1   | 0.16   |
|                      | Name of Employer American Hospital Association Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼          |             | n<br>gional Executive for TX<br>e Year-to-Date ▼<br>1000.00           | P/R Deduction (\$0.16 Bi-W-eekly)  |
| S                    | UBTOTAL of Receipts This Page (optional)  |             |   | 39.51  |
| T                    | OTAL This Period (last page this line number on   | ıly)        | <b>&gt;</b>   |  |

| S             | CHEDULE A (FEC Form 3X)   |                         | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 214 / 228           |
|---------------|---|-------------------------|---|---|
|               | EMIZED RECEIPTS   |                         | or each category of the   | (check only one)                          |
|               | EMIZED RECEIP 13  |                         | Detailed Summary Page   | X 11a 11b 11c 12                          |
| ^ -           | information and the second Observation and Observation  |                         |   | 13 14 15 16 17                            |
| or            | y information copied from such Reports and Sta<br>for commercial purposes, other than using the n | ame and add             | rnot be sold or used by any person<br>dress of any political committee to s | olicit contributions from such committee. |
| $\overline{}$ | NAME OF COMMITTEE (In Full)   |                         |   |   |
| $\rangle$     | American Hospital Association PAC   |                         |   |   |
| ۸.            | Full Name (Last, First, Middle Initial)<br>Mr. Donald May   |                         |   | Date of Receipt                           |
|               | Mailing Address 521 Great Falls Street  |                         |   | M M / D D / Y Y Y Y                       |
|               | City  | State                   | Zip Code  | Transaction ID: PR331533218313            |
|               | Falls Church  | VA                      | 22046-2613  | Amount of Each Receipt this Period        |
|               | FEC ID number of contributing federal political committee.  | C                       |   | 60.00                                     |
|               | Name of Employer<br>American Hospital Associa-<br>tion-Washingt                                   | Occupation<br>Vice Pres | n<br>sident, Policy   |   |
|               | Receipt For:  |                         | Year-to-Date ▼  | -   |
|               | Primary General   |                         | 1000.00   | P/R Deduction (\$40.00 Bi-                |
|               | Other (specify)   |                         | 1000.00   | Weekly)                                   |
| 3.            | Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy                                       |                         |   | Date of Receipt                           |
|               | Mailing Address One North Franklin  |                         |   | M M / D D / Y Y Y Y                       |
|               | City  | State                   | Zip Code  | Transaction ID: PR346168118313            |
|               | Chicago   | IL                      | 60606-3436  | Amount of Each Receipt this Period        |
|               | FEC ID number of contributing federal political committee.  | C                       |   | 0.16                                      |
|               | Name of Employer<br>American Hospital Associa-  | Occupation              |   | ]   |
|               | tion-Chicago  |                         | Director, ASHRM   | -   |
|               | Receipt For: Primary General  | Aggregate               | Year-to-Date ▼  |   |
|               | Other (specify)   |                         | 250.00  | P/R Deduction (\$0.16 Bi-W-eekly)         |
| ).            | Full Name (Last, First, Middle Initial) Ms. Kristin Welsh   |                         |   | Date of Receipt                           |
|               | Mailing Address 325 Seventh Street, NW Suite 700  | 1                       |   | M M / D D / Y Y Y Y                       |
|               | City  | State                   | Zip Code  | Transaction ID: PR517619718313            |
|               | Washington  | DC                      | 20004-2818  | Amount of Each Receipt this Period        |
|               | FEC ID number of contributing federal political committee.  | C                       |   | 20.00                                     |
|               | Name of Employer<br>American Hospital Associa-  | Occupation              |   | ]   |
|               | tion-Washingt   |                         | rector Executive Branch Rela  | <u>t</u>                                  |
|               | Receipt For:  | Aggregate               | e Year-to-Date ▼  |   |
|               | Primary General Other (specify) ▼   |                         | 500.00  | P/R Deduction (\$20.00 Bi-<br>Weekly)     |
| <br>S         | UBTOTAL of Receipts This Page (optional)  |                         | ·····   | 80.16                                     |
| _             | age (optional)  |                         |   |   |
| T             | OTAL This Period (last page this line number or   | nly)                    | <b>&gt;</b>   |   |

| SCHEDULE A (FEC Form 3X)  |                               | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 215 / 228  |
|---|-------------------------------|---|--|
| TEMIZED RECEIPTS  |                               | or each category of the   | (check only one)  X 11a  11b  11c  12  |
|   |                               | Detailed Summary Page   | X   11a   11b   11c   12   13   14   15   16   17  |
| Any information copied from such Reports and Stat or for commercial purposes, other than using the na | ements may                    | y not be sold or used by any perso<br>dress of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)   |                               |   |  |
| American Hospital Association PAC   |                               |   |  |
| Full Name (Last, First, Middle Initial)  A. Ms. Rochelle M. Archuleta                                 |                               |   | Date of Receipt  |
| Mailing Address 325 Seventh Street, NW Suite 700  |                               |   | M M / D D / Y Y Y Y  |
| City  | State                         | Zip Code  | Transaction ID: PR801366318313   |
| Washington  | DC                            | 20004-2818  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С                             |   | 10.00  |
| Name of Employer<br>American Hospital Associa-  | Occupation                    |   |  |
| tion-Washingt   | ssociate Dir. Policy Developm | n <del>¢</del><br>-   |  |
| Receipt For: Primary General  | Aggregate                     | e Year-to-Date ▼  | D/D Deduction (\$10.00 B)  |
| Other (specify)   | 0 0                           | 250.00  | P/R Deduction (\$10.00 Bi-<br>Weekly)  |
| Full Name (Last, First, Middle Initial)  3. Ms. Lisa Kidder   |                               |   | Date of Receipt  |
| Mailing Address 325 Seventh Street, NW Suite 700  |                               |   | M M / D D / Y Y Y Y  |
| City  | State                         | Zip Code  | Transaction ID: PR876637218313   |
| Washington  | DC                            | 20004-2818  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С                             |   | 10.00  |
| Name of Employer<br>American Hospital Associa-  | Occupation                    |   |  |
| tion-Washingt   |                               | ssociate Director   | _  |
| Receipt For: Primary General  | Aggregate                     | e Year-to-Date ▼  | P/R Deduction (\$10.00 Bi-   |
| Other (specify) ▼   | 0 0                           | 250.00  | Weekly)  |
| Full Name (Last, First, Middle Initial)  C. Ms. Sheila R. Meadows                                     |                               |   | Date of Receipt  |
| Mailing Address 325 Seventh Street, NW Suite 700  |                               |   | M M / D D / Y Y Y Y  |
| City  | State                         | Zip Code  | Transaction ID: PR936292318313   |
| Washington  | DC                            | 20004-2818  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | С                             |   | 10.00  |
| Name of Employer<br>American Hospital Associa-  | Occupation                    | n   | 7  |
| tion-Washingt   |                               | of Operations   |  |
| Receipt For:  | Aggregate                     | e Year-to-Date ▼  |  |
| Primary General Other (specify) ▼   |                               | 250.00  | P/R Deduction (\$10.00 Bi-<br>Weekly)  |
| SUBTOTAL of Receipts This Page (optional)   |                               |   | 30.00  |
| TOTAL This Period (last page this line number on  | lv)                           | <u> </u>  |  |

## **SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 216 / 228 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. David A. Strickland Date of Receipt Mailing Address One N. Franklin Street M M / D D City Zip Code State Transaction ID: PR939603918313 Chicago IL 60606 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer American Organization of Nurse Executi Occupation **Director of Operations** Aggregate Year-to-Date ▼ Receipt For: Primary General P/R Deduction (\$10.00 Bi-Weekly) 250.00 Other (specify)

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 10.00     |
|---|----------|-----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 168111.84 |

| SCHEDULE A (F<br>ITEMIZED RECE   | -  |                         | Use separate schedule(s) or each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 217 / 228 (check only one)  11a |   |   |   |  |  |  |
|--|--|-------------------------|---|---|---|---|---|--|--|--|
| Any information copied from for commercial purpose   | om such Reports and State<br>es, other than using the nar                | ments may<br>me and ado | not be sold or used by any perso<br>dress of any political committee to | n for the purpose                                     | e of soliciting                               | contributions                               |   |  |  |  |
| NAME OF COMMITTI American Hospital   | , ,  |                         |   |   |   |   |   |  |  |  |
| •  | sociation PAC - Federal 15 K Street te 800  tributing ttee.  General     | Occupation              | Zip Code<br>95814<br>0237495<br>1<br>Year-to-Date ▼<br>140000.00        | Date of Receipt    M                                  |   |   |   |  |  |  |
| Full Name (Last, First, Wisconsin Hospital Asson Mailing Address 551  City Madison  FEC ID number of confederal political commit  Name of Employer  Receipt For:  Primary  Other (specify) | ociation Federal PAC  10 Research Park Drive  attributing ttee.  General | State WI C COC          | Zip Code<br>53725-9038<br>0359455<br>1<br>• Year-to-Date ▼<br>9605.29   |   | 2 9 /<br>on ID: 1354                          | 7588<br>ot this Period<br>1907.2            | 3 |  |  |  |
|  | sociation PAC - Federal 15 K Street te 800  tributing ttee.  General     | Occupation              | Zip Code<br>95814<br>0237495<br>1<br>Year-to-Date ▼<br>145000.00        |   | 2 1<br>2 1<br>2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 | 2 0 0 6<br>7594<br>ot this Period<br>5000.0 | 5 |  |  |  |
| SUBTOTAL of Receipts   | This Page (optional)   |                         | ·····   |   |   | 21907.2                                     | 9 |  |  |  |
| TOTAL This Period (last  | page this line number only   | /)                      |   |   |   |   |   |  |  |  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 218 / 228 (check only one)  11a 11b 11c X 12 13 14 15 16 17              |
|--|--|--|
| Any information copied from such Reports and Statements ma<br>or for commercial purposes, other than using the name and ad                               |  |  |
| NAME OF COMMITTEE (In Full)  American Hospital Association PAC   |  |  |
| Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City State Sacramento CA | Zip Code<br>95814  | Date of Receipt  1 2 2 9 2 0 0 6  Transaction ID: 13547890  Amount of Each Receipt this Period |
| Name of Employer Occupation  | 00237495<br>on<br>te Year-to-Date ▼                                    | 9000.00  |
| Primary General Other (specify) ▼  | 154000.00  |  |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 9000.00  |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 30907.29 |

| IT                | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   | Use separate schedule(s) or each category of the Detailed Summary Page                        | FOR LINE NUMBER: PAGE 219 / 228 (check only one)  11a 11b 11c 12 13 14 15 16 17     |
|-------------------|---|---|---|
| Ar<br>or          | ly information copied from such Reports and Stateme<br>for commercial purposes, other than using the name | ents may not be sold or used by any person fe<br>and address of any political committee to so | or the purpose of soliciting contributions licit contributions from such committee. |
| $\overline{\ \ }$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC   |   |   |
| ۹.                | Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City S         | State Zip Code  | Date of Receipt    M  |
|                   | •   | DC 20005  | Transaction ID: 13620767  |
|                   | FEC ID number of contributing federal political committee.  |   | Amount of Each Receipt this Period 308.93   |
|                   | Receipt For: Primary General Other (specify)  | ggregate Year-to-Date ▼ 4022.45   |   |
|                   | Full Name (Last, First, Middle Initial)   |   | Data of Descript  |
| э.                | Citibank, F.S.B.  Mailing Address 1400 G Street, NW   |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                      |
|                   | - 7   | State Zip Code  | Transaction ID: 13640651  |
|                   | <u>Washington</u> D   | DC 20005  | Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.  |   | 264.03  |
|                   | Name of Employer Occ  | ccupation   |   |
|                   | Receipt For:  Primary  General  Other (specify)   | ggregate Year-to-Date ▼ 3713.52   | Bank Interest   |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 572.96 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <b></b>  | 572.96 |

|            | STIEDOLE B (I LCI OTTI 3X)                                    | Use seperate schedule(s)              |               | ) FOR LIN |           |             | E NUMBER:<br>nly one) |           |           |                | PAGE      | = 220    | / 228          |
|------------|---|---------------------------------------|---------------|-----------|-----------|-------------|-----------------------|-----------|-----------|----------------|-----------|----------|----------------|
| IT         | EMIZED DISBURSEMENTS  | for each catego<br>Detailed Summ      |               |           | X         | . <u>.</u>  | 22<br>28a             |           | 23<br>28b | Н              | 24<br>28c | 25<br>29 | 26<br>30b      |
|            | y Information copied from such Reports and Stat               |                                       |               |           |           |             |                       |           |           |                |           |          | ıs             |
| or         | for commercial purposes, other than using the na              | me and address of a                   | iny political | com       | mı        | ttee to soi | cit conti             | ribut     | ions tr   | om s           | ucn com   | ımıttee  |                |
| $ \rangle$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC |                                       |               |           |           |             |                       |           |           |                |           |          |                |
| L          | American Hospital Association 1 Ac                            |                                       |               |           |           |             |                       |           |           |                |           |          |                |
| Α.         | Full Name (Last, First, Middle Initial)                       |                                       |               |           |           |             |                       |           |           |                | 620771    |          |                |
| Α.         | American Express  |                                       |               |           |           |             |                       | of D<br>м | isburs    |                |           | V . V    | V              |
|            | Mailing Address Ste. 001                                      |                                       |               |           |           |             |                       | IVI       | ′         | ) <sup>D</sup> | ′         | žoó      | 3 <sup>'</sup> |
|            | City State Zip Code   |                                       |               |           |           |             |                       | ınt o     | f Each    | Disk           | ourseme   | nt this  | Period         |
|            | Chicago   |                                       |               |           |           |             |                       |           |           |                |           | 15.      | 50             |
|            | Purpose of Disbursement<br>Bank Fee                           |                                       |               |           | 00        | )1          |                       | -         | -         | -              | -         | 10.      | 50             |
|            | Candidate Name  |                                       |               |           | _         | gory/       |                       |           |           |                |           |          |                |
|            |   | ре                                    |               |           |           |             |                       |           |           |                |           |          |                |
|            | Office Sought: House Disbut                                   |                                       | Bank          | Fee       | Э         |             |                       |           |           |                |           |          |                |
|            | Senate President  | Other (specify)                       | General       |           |           |             | Daile 1 00            |           |           |                |           |          |                |
|            | State: District:  | Guior (openity)                       | <b>V</b>      |           |           |             |                       |           |           |                |           |          |                |
|            | Full Name (Last, First, Middle Initial)                       |                                       |               |           |           |             |                       | sact      | ion ID    | <br>: 136      | 520768    |          |                |
| B.         | Merchant Bankcard   |                                       |               |           |           |             |                       |           | isburs    |                |           |          |                |
|            | Mailing Address 1601 Elm Street                               |                                       |               |           |           |             | 1 <sup>M</sup> 2      | М         | / DC      | ) <sup>D</sup> | / Y       | ž 0 ŏ (  | 3 Y            |
|            | City  | State Zip (                           | Code          |           |           |             | Amoi                  | ınt o     | f Fach    |                | ourseme   | nt this  | Period         |
|            | Dallas  | TX 752                                |               |           |           |             | 7 111100              |           | Laoi      |                | 301001110 |          |                |
|            | Purpose of Disbursement                                       |                                       |               |           |           |             |                       |           |           |                |           | 139.     | 32             |
|            | Bank Fee 001 Candidate Name Category/                         |                                       |               |           |           |             |                       |           |           |                |           |          |                |
|            | Candidate Name Category/ Type                                 |                                       |               |           |           |             |                       |           |           |                |           |          |                |
|            | Office Sought: House Disbut                                   | sement For:                           |               |           |           |             | Bank                  | For       |           |                |           |          |                |
|            | Senate  | Primary                               | General       |           |           |             | Dank                  | 1 00      | ,         |                |           |          |                |
|            | State: President State:                                       | Other (specify)                       | ▼             |           |           |             |                       |           |           |                |           |          |                |
|            | Full Name (Last, First, Middle Initial)                       |                                       |               |           |           |             | Trans                 | · a o t   | ion ID    | . 126          | 520769    |          |                |
| C.         | Merchant Bankcard   |                                       |               |           |           |             |                       |           | isburs    |                |           |          |                |
|            | Mailing Address 1601 Flm Street                               |                                       |               |           |           |             | 1 <sup>M</sup> 2      | М         | / D       | 5              | / Y       | ž 0 ŏ (  | 3 Y            |
|            | Mailing Address 1601 Elm Street                               |                                       |               |           |           |             | · <del>-</del>        |           |           |                |           | _ , ,    | -              |
|            | City  |                                       | Code          |           |           |             | Amou                  | ınt o     | f Each    | Disk           | ourseme   | nt this  | Period         |
|            | Dallas Purpose of Disbursement                                | TX 752                                | .01           | _         | _         | -           |                       |           |           |                |           | 101.     | 74             |
|            | Bank Fee  |                                       |               |           | Q(        | 1           |                       |           |           |                |           |          |                |
|            | Candidate Name  |                                       |               |           | ite<br>Ty | gory/       |                       |           |           |                |           |          |                |
|            | Office Sought: House Disbut                                   | sement For:                           |               |           | ı y       |             |                       |           |           |                |           |          |                |
|            | Senate  | Primary                               | General       |           |           |             | Bank                  | Fee       | Э         |                |           |          |                |
|            | President   | Other (specify)                       | ▼             |           |           |             |                       |           |           |                |           |          |                |
| _          | State: District:  |                                       |               |           |           |             |                       |           |           |                |           |          |                |
| ۱,         | UBTOTAL of Disbursements This Page (optiona                   | n.                                    |               |           |           | •           |                       |           |           | -              |           | 256.     | 56             |
| H          | ODIVIAL OF DISDUISEMENTS THIS FAGE (OPHONA                    | · · · · · · · · · · · · · · · · · · · |               |           |           |             | <b>\</b>              | -         | -         | =              |           |          |                |
| Т          | OTAL This Period (last page this line number on               | y)                                    |               |           |           | •           |                       |           |           |                |           |          |                |

|            | CHEDOLE B (I LCI OIIII 3X)                                    | Use seperate schedule(s) |                                 |     |    |               |          | : NUMBER:<br>y one)  |        |                |          | PAG       | E 221   | / 228          |
|------------|---|--------------------------|---------------------------------|-----|----|---------------|----------|----------------------|--------|----------------|----------|-----------|---|----------------|
| П          | EMIZED DISBURSEMENTS  |                          | category of the<br>Summary Page |     | È  | _             |          | 22<br>28a            |        | 23<br>28b      | П        | 24<br>28c | 25<br>29  | 26<br>30b      |
|            | y Information copied from such Reports and State              |                          |                                 |     |    |               |          |                      |        |                |          |           |   |                |
| or         | for commercial purposes, other than using the na              | me and addre             | ss of any political             | com | ım | ittee to      | SOIIC    | it contr             | ribut  | ons tro        | om s     | sucn cor  | nmittee   |                |
| $ \rangle$ | NAME OF COMMITTEE (In Full) American Hospital Association PAC |                          |                                 |     |    |               |          |                      |        |                |          |           |   |                |
| K          | American Hospital Association 1 Ac                            |                          |                                 |     |    |               |          |                      |        |                |          |           |   |                |
| ^          | Full Name (Last, First, Middle Initial)                       |                          |                                 |     |    |               |          |                      |        |                | _        | 620772    | <u>}</u>  |                |
| Α.         | American Express  |                          |                                 |     |    |               |          | Date of Disbursement |        |                |          |           |   | V              |
|            | Mailing Address Ste. 001                                      |                          |                                 |     |    |               |          | 1 <sup>M</sup> 2     | М      | <sup>/</sup> 1 | 1 2      | /         | ž 0 ŏ   | 6 '            |
|            | City State Zip Code   |                          |                                 |     |    |               |          | Amou                 | ınt o  | f Each         | ı Disl   | burseme   | ent this  | Period         |
|            | Chicago IL 60679  |                          |                                 |     |    |               |          |                      |        |                |          |           | 24.   | 18             |
|            | Purpose of Disbursement Bank Fee                              |                          |                                 |     | 0  | 01            |          |                      | -      | _              | _        |           |   |                |
|            | Candidate Name  |                          |                                 |     |    | egory/        | 1        |                      |        |                |          |           |   |                |
|            |   |                          |                                 |     | Ту | /pe           |          |                      |        |                |          |           |   |                |
|            | Office Sought: House Disbur                                   | sement For:<br>Primary   | General                         |     |    |               |          | Bank                 | Fee    | <b>)</b>       |          |           |   |                |
|            | President   | Other (spe               |                                 |     |    |               |          |                      |        |                |          |           |   |                |
|            | State: District:  |                          | •                               |     |    |               |          |                      |        |                |          |           |   |                |
| В.         | Full Name (Last, First, Middle Initial)                       |                          |                                 |     |    |               |          | Trans                | acti   | on ID:         | : 136    | 620773    | 3   |                |
| ь.         | American Express  |                          |                                 |     |    |               |          |                      | _      | isburs         |          |           | .,  |                |
|            | Mailing Address Ste. 001                                      |                          |                                 |     |    |               |          | 1 <sup>M</sup> 2     | М      | <sup>/</sup> 1 | 1 8<br>8 | / L       | žoŏ   | 6 <sup>Y</sup> |
|            | Chicago   | State                    | Zip Code<br>60679               |     |    |               |          | Amou                 | ınt o  | f Each         | ı Disl   | burseme   | ent this  | Period         |
|            | Chicago Purpose of Disbursement                               | IL                       | 60679                           |     |    |               |          |                      |        | -              |          | ,         | 15.   | .50            |
|            | Bank Fee 001  |                          |                                 |     |    |               |          | -                    |        |                |          |           |   |                |
|            | Candidate Name  |                          |                                 |     |    | egory/<br>vpe |          |                      |        |                |          |           |   |                |
|            | • H   | sement For:              |                                 |     |    |               |          | Rank                 | Fee    | د              |          |           |   |                |
|            | Senate  | Primary<br>Other (and    | General                         |     |    |               |          | Bank Fee             |        |                |          |           |   |                |
|            | President State: District:                                    | Other (spe               | ecily) 🔻                        |     |    |               |          |                      |        |                |          |           |   |                |
|            | Full Name (Last, First, Middle Initial)                       |                          |                                 |     |    |               |          | Trans                | acti   | on ID:         | : 130    | 620770    | )   |                |
| C.         | Citibank, F.S.B.  |                          |                                 |     |    |               |          | Date                 | of D   | isburs         | eme      | nt        |   |                |
|            | Mailing Address 1400 G Street, NW                             |                          |                                 |     |    |               |          | 1 <sup>M</sup> 2     | М      | <sup>′</sup> 2 | 20       | / Y       | $\overset{}{\overset{}{}{}}$ 0 $\overset{}{\overset{}{}{}}$ | 6 <sup>Y</sup> |
|            | City  | State                    | Zip Code                        |     |    |               |          | Amou                 | ınt o  | f Each         | Dia      | burseme   | ont thin  | Doriod         |
|            | Washington  | DC                       | 20005                           |     |    |               |          | AIIIOU               | irit o | Laci           | DISI     | burseme   | ant trus  | Period         |
|            | Purpose of Disbursement                                       |                          |                                 |     |    |               | 1        |                      |        | _              |          |           | 233.  | .44            |
|            | Bank Fee  |                          |                                 |     | _  | 01            |          |                      |        |                |          |           |   |                |
|            | Candidate Name  |                          |                                 |     |    | egory/<br>/pe |          |                      |        |                |          |           |   |                |
|            | Office Sought: House Disbur                                   | sement For:              |                                 |     |    | •             | $\dashv$ | Bank                 | Ea:    |                |          |           |   |                |
|            | Senate  | Primary                  | General                         |     |    |               |          | Darik                | ге     | ;              |          |           |   |                |
|            | State: President State:                                       | Other (spe               | ecify) 🔻                        |     |    |               |          |                      |        |                |          |           |   |                |
|            | otato. District.  |                          |                                 |     |    |               |          |                      | _      |                | _        |           |   |                |
| s          | UBTOTAL of Disbursements This Page (optional                  | l)                       |                                 |     |    | . 1           | •        |                      |        |                |          |           | 273.  | 12             |
|            |   | •                        |                                 |     |    |               | _        |                      |        | -              | -        |           |   |                |
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|----|---|---|----------------------|--|
| S  | CHEDULE B (FEC Form 3X)   | Use seperate schedule(s)                          |                      | NUMBER: PAGE 222 / 228                     |
| IT | EMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | (check onlock 21b 27 | ly one)  22 23 24 25 26 28a 28b 28c 29 30b |
|    | y Information copied from such Reports and Stater for commercial purposes, other than using the nam | •   |                      |  |
| \  | NAME OF COMMITTEE (In Full)   |   |                      |  |
|    | American Hospital Association PAC   |   |                      |  |
|    | Full Name (Last, First, Middle Initial)   |   |                      | Transaction ID: 13620774                   |
| ۹. | American Express  |   |                      | Date of Disbursement                       |
|    | Mailing Address Ste. 001  |   |                      | 12 M / D 2 B / Y 2 0 0 6 Y                 |
|    | City<br>Chicago   | State Zip Code IL 60679                           |                      | Amount of Each Disbursement this Period    |
|    | Purpose of Disbursement<br>Bank Fee   |   | 001                  | 3.10                                       |
|    | Candidate Name  |   | Category/<br>Type    |  |
|    | Office Sought: House Disburs Senate President   | sement For:  Primary General  Other (specify) ▼   |                      | Bank Fee                                   |
|    | State: District:  |   |                      |  |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 3.10   |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <u> </u> | 532.78 |

| SCHEDULE B (FEC Form 3X)  | Use seperate schedule(s)   |                          | FOR LINE NUMBER: PAGE 223 / 228                              |  |  |  |  |  |  |  |
|---|--|--------------------------|--|--|--|--|--|--|--|--|
| TEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page                        | (check only<br>21b<br>27 | 22 X 23 24 25 2<br>28a 28b 28c 29 3                          |  |  |  |  |  |  |  |
| Any Information copied from such Reports and Stor for commercial purposes, other than using the |  |                          |  |  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC                                   |  |                          |  |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown                                |  |                          | Transaction ID: 13463539 Date of Disbursement                |  |  |  |  |  |  |  |
| Mailing Address 2280 Kresge Drive Suite 800   |  |                          | 111  |  |  |  |  |  |  |  |
| City<br>Amherst   |  |                          |  |  |  |  |  |  |  |  |
| Purpose of Disbursement<br>Contribution   | ]  | 011                      | 5000.00  |  |  |  |  |  |  |  |
| Candidate Name<br>Rep. Sherrod Brown  |  | Category/<br>Type        |  |  |  |  |  |  |  |  |
| χ Senate President  | ursement For: 2006 Primary General X Other (specify) ▼ 6 General Debt Re |                          | Contribution   |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Friends For Baron Hill                                 | o General Debt ne  |                          | Transaction ID: 13463635  Date of Disbursement  11 1 2 0 0 6 |  |  |  |  |  |  |  |
| Mailing Address PO Box 1071   |  |                          |  |  |  |  |  |  |  |  |
| City<br>Seymour   | State Zip Code<br>IN 47274   |                          | Amount of Each Disbursement this Period                      |  |  |  |  |  |  |  |
| Purpose of Disbursement<br>Contribution   |  | 011                      | 5000.00  |  |  |  |  |  |  |  |
| Candidate Name<br>Mr. Baron Hill  |  | Category/<br>Type        |  |  |  |  |  |  |  |  |
| Senate President  | ursement For: 2006 Primary General X Other (specify) ▼ 6 General Debt Re |                          | Contribution   |  |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) - Team Sununu   |  |                          | Transaction ID: 13463343 Date of Disbursement                |  |  |  |  |  |  |  |
| Mailing Address PO Box 500  |  |                          | 111  |  |  |  |  |  |  |  |
| City<br>Rye   | State Zip Code<br>NH 03870   |                          | Amount of Each Disbursement this Period                      |  |  |  |  |  |  |  |
| Purpose of Disbursement<br>2008 Contribution  | 011  | 1000.00                  |  |  |  |  |  |  |  |  |
| Candidate Name<br>Sen. John E. Sununu   |  | Category/<br>Type        |  |  |  |  |  |  |  |  |
| Office Sought:    House   Disk     X   Senate     President     State: NH   District: 2         | ursement For: 2008  X Primary General  Other (specify) ▼                 |                          | 2008 Contribution  |  |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (option   | nal)   |                          | 11000.00   |  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number)  | ,  | <u> </u>                 |  |  |  |  |  |  |  |  |

|            | SHEDOLL B (I LCI OIIII 3X)   | Use seperate schedule(s)      |                            | (check |      | -            |             | NUMBER:<br>one)   |       |                |      | PAG                | iE 224   | . / 228 |
|------------|--|-------------------------------|----------------------------|--------|------|--------------|-------------|-------------------|-------|----------------|------|--------------------|----------|---------|
| IT         | EMIZED DISBURSEMENTS   | for each cate<br>Detailed Sur | egory of the<br>mmary Page |        | Ė    | 21b<br>27    | <u></u>     | 22<br>28a         | X     | 23<br>28b      | Н    | 24<br>28c          | 25<br>29 | 26      |
|            | y Information copied from such Reports and Staten                      |                               |                            |        |      |              |             |                   |       |                |      |                    |          |         |
| or         | for commercial purposes, other than using the nam                      | e and address                 | of any political           | com    | ım   | ittee to     | SOLIC       | it contr          | ibuti | ons fro        | om s | such co            | nmittee  | )       |
| $ \rangle$ | NAME OF COMMITTEE (In Full)  |                               |                            |        |      |              |             |                   |       |                |      |                    |          |         |
| K          | American Hospital Association PAC                                      |                               |                            |        |      |              |             |                   |       |                |      |                    |          |         |
| Α.         | Full Name (Last, First, Middle Initial)                                |                               |                            |        |      |              |             |                   |       |                | _    | 163439             | €        |         |
|            | Melissa Bean For Congress  |                               |                            |        |      |              |             | M                 | M .   | isburse        | _ D  | nt<br>/ Y          | YY       | Υ       |
|            | Mailing Address Post Office Box 3068                                   |                               |                            |        |      |              |             | 11                |       | 3              | 3 Ŏ  | L                  | žoŏ      | 6       |
|            | City   |                               | Zip Code                   |        |      |              |             | Amou              | nt of | f Each         | Disl | bursem             | ent this | Period  |
|            | Barrington Purpose of Disbursement                                     | IL 6                          | 60010<br>                  |        |      |              |             |                   |       |                |      |                    | 1000     | .00     |
|            | Contribution   |                               |                            | Г      | 0    | 11           |             | -                 | -     | _              | -    |                    |          | .00     |
|            | Candidate Name Category/ Rep. Melissa L. Bean Type                     |                               |                            |        |      |              |             |                   |       |                |      |                    |          |         |
|            |  | ement For:                    | 2006                       |        | ΙŊ   | ре           |             |                   |       |                |      |                    |          |         |
|            | Senate Disburse  |                               |                            | Contr  | ibut | ion          |             |                   |       |                |      |                    |          |         |
|            |  | Other (specify                |                            |        |      |              |             |                   |       |                |      |                    |          |         |
|            |  | ieneral Debt                  | Re                         |        |      |              |             |                   |       |                |      |                    |          |         |
| В.         | Full Name (Last, First, Middle Initial) Heath Shuler For Congress      |                               |                            |        |      |              |             |                   |       | on ID:         |      | 16483(<br>nt       | )        |         |
|            |  |                               |                            |        |      |              |             | М                 | м ,   | / D            | D    | / Y                | žoŏ      | O Y     |
|            | Mailing Address PO Box 97  |                               |                            |        |      |              |             | 1 1               |       | ]              | 3 0  | L                  | 200      | 6       |
|            | City<br>Hazelwood  |                               | Zip Code<br>28738          |        |      |              |             | Amou              | nt of | f Each         | Dist | bursem             | ent this | Period  |
|            | Purpose of Disbursement  |                               |                            |        |      |              |             |                   |       |                |      |                    | 1500     | .00     |
|            | 2008 Contribution 011  |                               |                            |        |      |              |             |                   |       |                |      |                    |          |         |
|            | Candidate Name Category/ Mr. Joseph Shuler Type                        |                               |                            |        |      |              |             |                   |       |                |      |                    |          |         |
|            | Office Sought: X House Disburse  | ement For:                    | 2008                       |        |      |              |             | 2008 Contribution |       |                |      |                    |          |         |
|            |  | Primary                       | General                    |        |      |              |             | 2006 Contribution |       |                |      |                    |          |         |
|            | State: NC District: 11   | Other (specify                | y) <b>▼</b>                |        |      |              |             |                   |       |                |      |                    |          |         |
| _          | Full Name (Last, First, Middle Initial)                                |                               |                            |        |      |              |             |                   |       |                |      | 46514 <sup>-</sup> | 1        |         |
| C.         | Heath Shuler For Congress  |                               |                            |        |      |              |             |                   | _     | isburs         |      | nt                 | V * V    | · V     |
|            | Mailing Address PO Box 97  |                               |                            |        |      |              |             | 1 1               | М     | <sup>/</sup> 3 | 3 0  |                    | žoŏ      | 6       |
|            | City<br>Hazelwood  |                               | Zip Code<br>28738          |        |      |              |             | Amou              | nt of | f Each         | Disl | bursem             | ent this | Period  |
|            | Purpose of Disbursement<br>2008 Contribution                           |                               |                            |        |      | 11           | 1           |                   |       | _              |      |                    | 1500     | .00     |
|            | Candidate Name   |                               |                            |        | _    | 11<br>egory/ | 4           |                   |       |                |      |                    |          |         |
|            | Mr. Joseph Shuler  |                               |                            |        |      | ре           |             |                   |       |                |      |                    |          |         |
|            | Office Sought: X House Disbursement For: 2008 Senate X Primary General |                               |                            |        |      |              |             | 2008              | Cor   | ntribu         | tion |                    |          |         |
|            | President  | Other (specify                |                            |        |      |              |             |                   |       |                |      |                    |          |         |
|            | State: NC District: 11   |                               |                            |        |      |              |             |                   |       |                |      |                    |          |         |
| s          | UBTOTAL of Disbursements This Page (optional)                          |                               |                            |        |      | . •          | •           |                   |       |                |      |                    | 4000     | .00     |
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| SC         | CHEDULE B (FEC Form 3X)  | FOR LINE                              |  | P                  | AGE 225                     | / 228                     |          |                |  |  |  |
|------------|--|---------------------------------------|--|--------------------|-----------------------------|---------------------------|----------|----------------|--|--|--|
| IT         | EMIZED DISBURSEMENTS   | for each c                            | rate schedule(s)<br>ategory of the<br>Summary Page | (check only 21b 27 |                             | 3 24<br>8b 28c            | 25<br>29 | 26<br>30b      |  |  |  |
|            | y Information copied from such Reports and S<br>or commercial purposes, other than using the |                                       |  |                    |                             |                           |          |                |  |  |  |
|            | NAME OF COMMITTEE (In Full) American Hospital Association PAC                                |                                       | · · ·  |                    |                             |                           |          |                |  |  |  |
| <b>A</b> . | Full Name (Last, First, Middle Initial)<br>Ellsworth For Congress Committee                  |                                       |  |                    | Transaction<br>Date of Disb | n ID: 134641<br>oursement | 06       |                |  |  |  |
|            | Mailing Address P.O. Box 62  |                                       |  |                    | 1 1 1 D 3 0 Y 2 0 0 6 Y     |                           |          |                |  |  |  |
|            | City<br>Evansville   | State<br>IN                           | Zip Code<br>47701                                  |                    | Amount of E                 | ach Disburse              |          |                |  |  |  |
|            | Purpose of Disbursement<br>Contribution  |                                       |  | 011                |                             |                           | 5000     | .00            |  |  |  |
|            | Candidate Name Mr. Brad Ellsworth  | blurgament Fari                       | 2006   | Category/<br>Type  |                             |                           |          |                |  |  |  |
|            | Senate President   | Sbursement For: Primary X Other (spec |  |                    | Contributio                 | n                         |          |                |  |  |  |
| 3.         | Full Name (Last, First, Middle Initial) Joe Donnelly For Congress                            |                                       |  |                    | Transaction Date of Disk    |                           | V        |                |  |  |  |
|            | Mailing Address P.O. Box 1961<br>Century Building  |                                       | 111 /  | 30 /               | žoŏ                         | 6                         |          |                |  |  |  |
|            | City<br>South Bend   | State<br>IN                           | Zip Code<br>46634                                  |                    | Amount of E                 | ach Disburse              |          |                |  |  |  |
|            | Purpose of Disbursement Contribution Candidate Name  |                                       |  | 011<br>Category/   | 5000.00                     |                           |          |                |  |  |  |
|            | Rep. Joseph Donnelly   |                                       |  | Туре               |                             |                           |          |                |  |  |  |
|            | Senate President   | bursement For: Primary X Other (spec  |  |                    | Contributio                 | n                         |          |                |  |  |  |
| _          | Full Name (Last, First, Middle Initial) VINEPAC: Victory in November Electi                  | ion PAC                               |  |                    | Transaction<br>Date of Disb | n ID: 135187<br>oursement | '25      |                |  |  |  |
|            | Mailing Address 607 14th St. NW Suite 800  |                                       |  |                    | 12 /                        | 13                        | ž 0 ď    | 6 <sup>Y</sup> |  |  |  |
|            | City<br>Washington   | State<br>DC                           | Zip Code<br>20005                                  |                    | Amount of E                 | ach Disburse              |          |                |  |  |  |
|            | Purpose of Disbursement 2006 Contribution  |                                       |  | 011                |                             |                           | 1000     | .00            |  |  |  |
|            | Candidate Name  Office Sought: House Dis   | sbursement For:                       |  | Category/<br>Type  |                             |                           |          |                |  |  |  |
|            | State: District:   | Primary Other (spec                   | General<br>cify) ▼                                 |                    | 2006 Contr                  | ibution                   |          |                |  |  |  |
| SI         | JBTOTAL of Disbursements This Page (opti-  | onal)                                 |  |                    |                             |                           | 11000.   | 00             |  |  |  |
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| ITEMIZED DISBURSEMENTS |   | Use seperate schedule(s<br>for each category of the<br>Detailed Summary Page |                     |       |     |   |   | NUMBER:<br>y one) |                |             |      | PAC       | àE 22   | 26 / 2 | 228       |
|------------------------|---|--|---------------------|-------|-----|---|---|-------------------|----------------|-------------|------|-----------|---------|--------|-----------|
|                        |   |  |                     |       |     | 21l<br>27   | Ĺ   | 22<br>28a         | X              | 23<br>28b   | Н    | 24<br>28c | 25      | _ L    | 26<br>30b |
|                        | y Information copied from such Reports and State                  |  |                     |       |     |   |   |                   |                |             |      |           |         |        |           |
| or                     | for commercial purposes, other than using the name                | ne and addres  | ss of any political | l com | nm  | ittee to  | o solic                                       | eit contr         | ributi         | ons fro     | om s | uch co    | mmitt   | :ee    |           |
| $  \rangle$            | NAME OF COMMITTEE (In Full)                                       |  |                     |       |     |   |   |                   |                |             |      |           |         |        |           |
| $\angle$               | American Hospital Association PAC                                 |  |                     |       |     |   |   |                   |                |             |      |           |         |        |           |
| Α.                     | Full Name (Last, First, Middle Initial)                           |  |                     |       |     |   | Transaction ID: 13518696 Date of Disbursement |                   |                |             |      |           |         |        |           |
| Λ.                     | Rocky Mountain PAC  |  |                     |       |     |   |   |                   |                |             |      |           |         |        |           |
|                        | Mailing Address 607 - 14th Street, NW Suite 800                   |  |                     |       |     |   |   |                   |                |             |      |           |         |        |           |
|                        | City State Zip Code   |  |                     |       |     |   | Amount of Each Disbursement this Period       |                   |                |             |      |           |         |        |           |
|                        | Washington DC 20005 Purpose of Disbursement                       |  |                     |       |     |   |   |                   |                |             |      | 100       | 0.00    | 0      |           |
|                        | 2006 Contribution 011   |  |                     |       |     |   |   |                   |                |             | _    | _         | -       |        |           |
|                        | Candidate Name  |  |                     |       |     | egory/<br>ype   |   |                   |                |             |      |           |         |        |           |
|                        | Office Sought:  Senate  President  State:  Disburs  Disburs       | ement For: Primary Other (spe  | General ecify) ▼    |       |     |   |   | 2006              | Cor            | ntribu      | tion |           |         |        |           |
|                        | Full Name (Last, First, Middle Initial)                           |  |                     |       |     |   |   | Trans             | acti           | on ID       | 13   | <br>51931 | 6       |        |           |
| B.                     | Paul Hodes For Congress   |  |                     |       |     | Transaction ID: 13519316  Date of Disbursement  1 2 1 3 2 0 0 6 |   |                   |                |             |      |           |         |        |           |
|                        | Mailing Address 26 South Main Street, #253                        |  |                     |       |     |   | 1 2   |                   | 1              | 3           | L    | 20        | 0 6     |        |           |
|                        | City<br>Concord   | State<br>NH  | Zip Code<br>03301   |       |     |   |   | Amou              | int o          | f Each      | Dist | bursem    |         |        | -         |
|                        | Purpose of Disbursement Contribution 011                          |  |                     |       |     |   | 5000.00                                       |                   |                |             |      |           |         |        |           |
|                        | Candidate Name Rep. Paul W. Hodes  Category Type                  |  |                     |       |     |   |   |                   |                |             |      |           |         |        |           |
|                        | Senate  | ement For: Primary Other (spe  | 2006<br>General     |       |     |   |   | Contr             | ibut           | ion         |      |           |         |        |           |
|                        | State: NH District: 2 2006 C                                      | General Deb  | bt Re               |       |     |   |   |                   |                |             |      |           |         |        |           |
| C.                     | Full Name (Last, First, Middle Initial)  Democrats for the Future |  |                     |       |     |   | Transaction ID: 13519094 Date of Disbursement |                   |                |             |      |           |         |        |           |
|                        | Mailing Address 20 Park Road, Suite E                             |  |                     |       |     |   | <sup>M</sup> 2                                | М                 | <sup>/</sup> 1 | 1 <b>5</b>  | / Y  | ž o       | ŏ 6     | Y      |           |
|                        | City<br>Burlingame  | State<br>CA  | Zip Code<br>94010   |       |     |   |   | Amou              | int o          | f Each      | Disl | bursem    | nent th | nis Pe | eriod     |
|                        | Purpose of Disbursement 2006 Contribution 011                     |  |                     |       |     | 1   | L.  |                   |                |             |      | 100       | 0.00    | 0      |           |
|                        | Candidate Name Category/  |  |                     |       |     |   |   |                   |                |             |      |           |         |        |           |
|                        | Office Sought:    House   Disburs                                 | ement For:<br>Primary<br>Other (spe  | General cify) ▼     |       |     |   |   | 2006              | Cor            | ntribu      | tion |           |         |        |           |
|                        |   |  |                     |       |     |   |   |                   |                |             |      |           | 700     | 0.0    | 0         |
| $\vdash^{s}$           | UBTOTAL of Disbursements This Page (optional)                     |  |                     |       | ••• | •   | <u> </u>                                      | $\vdash$          | -              | <del></del> | =    |           | , 50    |        |           |
| Т                      | OTAL This Period (last page this line number only                 | ')   |                     |       |     |   | •   |                   |                |             |      |           |         |        |           |

| SCHEDULE B (FEC Form 3X)   | Use seperate schedule(s)   |                    | FOR LINE NUMBER: PAGE 227 / 228                |                          |  |  |  |  |  |  |
|--|--|--------------------|--|--------------------------|--|--|--|--|--|--|
| ITEMIZED DISBURSEMENTS   | for each category of the<br>Detailed Summary Page                  | (check only 21b 27 | 22 X 23 28a 28b                                | 24 25 26<br>28c 29 30b   |  |  |  |  |  |  |
| Any Information copied from such Reports and Stator for commercial purposes, other than using the na |  |                    |  |                          |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC  |  |                    |  |                          |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  4. Heather Wilson For Congress                              |  |                    | Transaction ID: 1 Date of Disbursem            | nent                     |  |  |  |  |  |  |
| Mailing Address P.O. Box 14070   |  |                    | 12 M / D 1 9                                   | 2006                     |  |  |  |  |  |  |
| City<br>Albuquerque  | State Zip Code<br>NM 87191   |                    | Amount of Each D                               | visbursement this Period |  |  |  |  |  |  |
| Purpose of Disbursement<br>Contribution  |  | 011                |  | 2000.00                  |  |  |  |  |  |  |
| Candidate Name<br>Rep. Heather A. Wilson   |  | Category/<br>Type  |  |                          |  |  |  |  |  |  |
| Senate President   | rsement For: 2006 Primary General X Other (specify)  Re-Count Fund |                    | Contribution                                   |                          |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  3. People For English                                       | The Godini Fund  |                    | Transaction ID: 13547546  Date of Disbursement |                          |  |  |  |  |  |  |
| Mailing Address PO Box 1940  |  | 12 19 / 2006 Y     |  |                          |  |  |  |  |  |  |
| City<br>Erie   | State Zip Code<br>PA 16507   |                    | Amount of Each D                               | isbursement this Period  |  |  |  |  |  |  |
| Purpose of Disbursement<br>2008 Contribution<br>Candidate Name                                       |  | 011                |  | 2000.00                  |  |  |  |  |  |  |
| Rep. Phil English  |  | Category/<br>Type  |  |                          |  |  |  |  |  |  |
| Office Sought:  X House Senate President State: PA District: 3                                       | xsement For: 2008 X Primary General Other (specify)                |                    | 2008 Contribution                              | on                       |  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial) Goode For Congress   | Transaction ID: 13635435 Date of Disbursement                      |                    |  |                          |  |  |  |  |  |  |
| Mailing Address 235 South Main Street  | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$              |                    |  |                          |  |  |  |  |  |  |
| City<br>Rocky Mount  | State Zip Code<br>VA 24151   |                    | Amount of Each D                               | isbursement this Period  |  |  |  |  |  |  |
| Purpose of Disbursement<br>Void of 10/06 check   | L  | -1000.00           |  |                          |  |  |  |  |  |  |
| Candidate Name<br>Rep. Virgil H. Goode, Jr.  | Category/<br>Type  |                    |  |                          |  |  |  |  |  |  |
| Office Sought: X House Disbute Senate President State: VA District: 5                                | rsement For: 2006 Primary X General Other (specify)                |                    | Void of 10/06 ch                               | eck                      |  |  |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional  | JI)  |                    |  | 3000.00                  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number or   | lv)  | <u> </u>           |  |                          |  |  |  |  |  |  |

| SCHEDULE B (FEC Form 3X)  | Use seperate schedule(s)                            | ) FOR LIN<br>(check of                                     | IE NUMBER: PAGE 228 / 228 nly one)      |  |  |  |  |
|---|---|--|---|--|--|--|--|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page      | 21b<br>27  | 22 X 23 24 25 26<br>28a 28b 28c 29 30b  |  |  |  |  |
| Any Information copied from such Reports and States or for commercial purposes, other than using the name |   |  |   |  |  |  |  |
| NAME OF COMMITTEE (In Full)   |   |  |   |  |  |  |  |
| American Hospital Association PAC   |   |  |   |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Bob Goodlatte For Congress Committee                          | Transaction ID: 13635436 Date of Disbursement       |  |   |  |  |  |  |
| Mailing Address P.O. Box 292  |   |  | 12 M / 29 / Y 2006                      |  |  |  |  |
| City<br>Roanoke   | State Zip Code<br>VA 24002                          |  | Amount of Each Disbursement this Period |  |  |  |  |
| Purpose of Disbursement<br>Void of 10/06 check  |   | 011  | -1000.00                                |  |  |  |  |
| Candidate Name<br>Rep. Robert W. Goodlatte  |   | Category/<br>Type  |   |  |  |  |  |
| Senate<br>President   | ement For: 2006 Primary X General Other (specify)   |  | Void of 10/06 check                     |  |  |  |  |
| State: VA District: 6  Full Name (Last, First, Middle Initial)  B. Haves For Congress                     |   |  | Transaction ID: 13656514                |  |  |  |  |
| Hayes For Congress  Mailing Address Post Office Box 2000  | Date of Disbursement  M M M / D D D / Y Y Y O O O O |  |   |  |  |  |  |
|   |   |  |   |  |  |  |  |
| City<br>Concord   | State Zip Code NC 28026                             |  | Amount of Each Disbursement this Period |  |  |  |  |
| Purpose of Disbursement<br>Void of 8/3/06 Check   |   | 011  | -2000.00                                |  |  |  |  |
| Candidate Name<br>Rep. Robin C. Hayes   |   | Category/<br>Type  |   |  |  |  |  |
| Senate President  | ement For: 2006 Primary X General Other (specify)   |  | Void of 8/3/06 Check                    |  |  |  |  |
| State: NC District: 8  Full Name (Last, First, Middle Initial)  |   |  | Transaction ID: 12625429                |  |  |  |  |
| C. Western Action PAC   |   | Transaction ID: 13635438  Date of Disbursement  12 29 2006 |   |  |  |  |  |
| Mailing Address P.O. Box 982  | dress P.O. Box 982                                  |  |   |  |  |  |  |
| City<br>Casper  | State Zip Code WY 82602                             |  | Amount of Each Disbursement this Period |  |  |  |  |
| Purpose of Disbursement<br>Void of 9/06 check   | 011   | -1000.00   |   |  |  |  |  |
| Candidate Name  |   | Category/<br>Type  |   |  |  |  |  |
| Office Sought: House Disburs Senate President   | ement For: Primary General Other (specify)          |  | Void of 9/06 check                      |  |  |  |  |
|   |   |  |   |  |  |  |  |
|   |   | <b>&gt;</b>  | -4000.00                                |  |  |  |  |